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ABSTRACT

This compilation of publications from the School-Linked Service Integration Research Project focuses on integrated services and includes the following papers: (1) "New Community Schools: Issues for Families in Three Streams of Reform" (Wayne Sailor), describes issues in special education reform, general education reform, and school/health services reform; (2) "Services Integration: Parent Empowerment through School/Community Partnerships (Wayne Sailor), reviews barriers to services integration and solutions; (3) "American Education in the Postmodern Era" (Wayne Sailor), discusses the transformation from modern to postmodern rationality in our schools; (4) "Family Participation in New Community Schools" (Wayne Sailor and others), addresses the importance of family support within educational policy developments; (5) "New Structures and Systems Change for Comprehensive Positive Behavioral Support" (Wayne Sailor), describes positive behavioral support for students with severe behavior disorders in inclusive settings; (6) "Voice Collaboration and Inclusion: Democratic Themes in Educational and Social Reform Initiatives" (Thomas M. Skrtic and others), argues that, far more than a new special education service delivery model, inclusion is the emerging cultural logic of the 21st century; (7) "School-Linked Services Integration: Crisis and Opportunity in the Transition to Postmodern Society" (Thomas M. Skrtic and Wayne Sailor), considers the implications of the school-linked services integration reform movement for professional practice and discourse in the fields of special and remedial education, as well as for the broader political goal of democratic transformation in America; (8) "Para Las Familias: An Example of An Independent Policy Reform Model" (Martin H. Gerry and Henry M. Levin), describes a model demonstration program for children and their families in low-income neighborhoods; and (9) "Service Integration and Beyond: Implications for Lawyers and Their Training" (Martin H. Gerry). (Each chapter includes references.) (CR)

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The University of Kansas
UNIVERSITY AFFILIATED PROGRAM

Publications of the

School-Linked Services Integration Research Project

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Publications of the School-Linked Services Integration Research Project

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New Community Schools

Issues for Families in Three Streams of Reform

By Wayne Sailor
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Let's imagine for the moment that you are a single parent of three children. One of your children, Sarah, is an eight-year-old with severe intellectual disabilities. She also has other physical disabilities and has been referred to at times as "medically fragile." You have moved to a new community and things are difficult. You have a part-time housekeeping job on the other side of town and your income is below the community poverty standard. The bus route from home to job has been targeted for elimination for cost-saving reasons, further jeopardizing your circumstances. Is your situation unique? In fact it is played out in various scenarios all over America and in dramatically increasing numbers.

Continuing to imagine, suppose today is the first day of contact with your local school; you prepare to enroll Sarah. Your previous experience, in another community with special education, was not satisfactory. You are prepared for the worst. To your surprise, the principal is welcoming. She asks about Sarah's previous history, her educational experiences, and seems to probe for information on Sarah's strengths, rather than her limitations. At the conclusion, she introduces you to Sarah's teacher, who is a regular third grade teacher, and also a member of the school counseling team whose job is described as "Services Coordinator." The teacher explains that Sarah will be supported as a fully included child through special education and other supports in the regular class curriculum. The Services Coordinator explains that her role will be to look after all of Sarah's and her parent's requirements for special supports, not only at school, but in the community as well. She explains that Sarah and her family qualify for a family support plan that will include an Individualized Educational Plan for Sarah. Sarah's parent will need only to contact the Service Coordinator to arrange for all educational, social welfare, and health-care assistance supports for which Sarah and her family are eligible by virtue of their combined circumstances.

Is such imagining a total fantasy? In fact, such schools exist in a number of communities across several states, and their numbers are on the increase. These circumstances represent the product of a fusion of three parallel human services policy reform efforts at single school sites. The policy streams are special education reform, called "inclusive education"; regular education reform called "school restructuring"; and health/social services reform, called "integrated services." Each of these streams of policy reform has been under way in some form for two decades. The occasion of the millennium time landmark (AD 2000) is having the effect of dramatically accelerating these reform processes.

For example, many aspects of all three reform processes are embedded in President Clinton's "Goals 2000" legislation. Only in the last few years have these three parallel streams of reform come together in a single, coherent school/community partnership program, and it is the outcome of such a fusion that makes the scenario depicted for Sarah an increasing likelihood for many families.

Special Education Reform

To many concerned exclusively with special education, inclusive education seems a radical departure from the norm and is quite controversial. Its hallmark is the de-emphasis or complete elimination of special education classrooms and a reconfiguration of resources to support students in regular classroom placements.

In general, resistance to inclusion comes from professionals and family members associated with children whose disabilities are relatively mild (i.e., learning disabilities) because of an historical reliance on pull-out, resource room programs sometimes supported by partial mainstreaming. For these students, research on the issue consistently favors neither approach over the other in terms of educational outcomes. When social outcomes are

examined, research favors inclusion.

The community of families and professionals associated with students with deafness/hard-of-hearing disabilities is also divided on the issue of inclusion, but their concern is with a relative lack of social opportunities for these children to communicate with one another in sign language in inclusive schools.

The strongest champions of inclusive education tend to be associated with students who have developmental disabilities. Research indicates that these students benefit significantly both socially and educationally from inclusive placements in comparison to special class placements.

When viewed from the standpoint of other professions, not exclusively identified with special education, inclusive education seems to be just one aspect of a much broader-based set of reforms occurring across educational community special assistance programs. Some resistance to inclusion has surfaced in recent months from the regular education teacher unions, but these objections seem primarily driven by issues associated with the collective bargaining process in general, rather than actual objections to including children with disabilities in regular classrooms.

KEY ELEMENTS OF INCLUSIVE EDUCATION

- **All students attend local school**
- **Placement in regular, age-appropriate classroom**
- **Students fully included in all school activities**
- **No labels (i.e., "LD") are used at school site**
- **No special classes exist at school**
- **Special education supports are fully integrated into regular program**
- **Students' supports are identified and provided through site team processes**

General Education Reform

The current term for the rapid changes taking place in schools generally is "school restructuring." Restructured schools differ from traditional schools in two important ways. First, the *processes* of education — curriculum, instructional methods and pupil progress evaluation — are significantly changing. Elements of the curriculum (i.e., math, geography) are becoming more integrated with one another so that children learn in a more holistic context. Instruction occurs increasingly in small groups such as cooperative learning groups, with students more actively involved in the instruction of other students. Evaluation is becoming more outcomes-based, that is, looking at how students use what they learn, rather than how they fare on standardized tests.

More importantly, perhaps, for families of students with special needs, restructured schools are changing their *organization and governance.* In general, restructured schools have more ability to experiment with new methods, are governed by teams of teachers and others at the school site (often including parents), and most significantly, are fully integrating all special resource programs into a *unified* educational program. Separate support programs for special needs populations, such as special education, Chapter One, bilingual education, gifted, and so on, are fully integrated into the general education program and coordinated in such a manner that all of the students at the school benefit from all of the available support programs at the school. Viewed from the standpoint of school restructuring, inclusive education is simply part of the total school reorganization process.

KEY ELEMENTS OF SCHOOL RESTRUCTURING

Process Elements

- Integrated curriculum
- Small grouping arrangements for instruction
- Outcomes-based pupil progress evaluation

Systemic Elements

- **Relative school autonomy**
- **Site-based management and team decision-making**
- **Pooled and fully integrated school program resources**

Social/Health Services Reform

Generally called "school-linked, integrated services," this set of reform processes serves to round out the full picture for families of students with special needs. Under traditional systems, consumers of agency programs must seek out each separate agency, a process that may regularly involve many contacts. In most cases there is no coordination across programs, often including programs within the school. Consumer families are unaware of numerous social, health and educational programs for which they qualify for assistance.

School-linked, integrated services offer what would seem to be a simple solution to these difficult circumstances. This solution makes government assistance programs "user friendly" by creating a single point of contact that offers a variety of choices in assistance programs and makes all contact arrangements. The information provided to a parent on simply what is "out there" is often half the effort by itself.

So why isn't such a simple, elegant idea in operation now? The answer lies in the traditional manner in which our country addresses social problems. To put it simply, a problem is identified and described in a legislative context (federal or state government); funds are appropriated to address the problem (i.e., teen pregnancy; drug abuse); a special support program is created within an existing bureaucracy (sometimes whole new bureaucracies are created); what's left of the money is spent directly on the problem. Each new program operates in isolation relative to other programs, even though the others may be quite similar and even have common root causes. Consumers have no say in how programs are operated, and often have little choice among programs.

By contrast, the key elements of integrated services models are:

a) the formation of community service integration councils that represent all human services provider agencies in the area including the schools, business and industry representatives, and consumers of services (i.e., parents of children who have special assistance needs);

b) services coordination (i.e., "case management") so that parents have a single point of contact for arrangement of all supports needed by the child in school and by the child and family in the community; and

c) the coordination of all service within and across agencies so that barriers such as eligibility for specific programs (but not others), confidentiality requirements specific to individual agencies, agency-specific budget limitations and restrictions, etc., can be set aside.

The result is a coherent "family services plan" that "wraps around" the consumer.

KEY ELEMENTS OF SCHOOL-LINKED, INTEGRATED SERVICES

- **Community councils with membership of consumers and the full spectrum of service agencies**
- **Services coordination with a single point of contact for families**
- **Services coordination within school and between school and community**
- **Comprehensive family services planning**
- **Pooled and shared resources across agencies and programs**
- **Flexible funding mechanisms to address problems not specifically covered by an agency**

New Community Schools

To return briefly to our "fantasy" of Sarah and her mother, such a refreshing encounter with a school principal is becoming increasingly more likely. The role for family members in these reform processes represents nothing less than *empowerment* at several levels. Empowerment begins with motivation, depends on skills and resources, and flourishes in a responsive context. Here, Sarah's mother may be motivated to work more closely with her daughter's educators and other professionals because she has a single point-of-entry into service provision. She also may be eager to develop various skills (if she does not have them already), such as leadership skills, by participating on her school's inclusion team or seeking to be appointed to the full-school site management team. Within the community itself, Sarah's mother can seek membership on a community-services integration council or participate on committees that facilitate council operations. Finally, she finds a responsive context

for her and Sarah's needs — a policy and provider system that is fully responsive to what she and Sarah want and what they choose.

Sarah's school, by combining funds from a wide spectrum of programs through education, health and social services systems, is now open five days a week from 6 a.m. until 10 p.m. It offers three hot meals a day to students who need them and offers preschool as well as "latch-key" programs. The facility is open at night for community meetings, and child care is provided to encourage family participation. For families of children with special needs, new community schools are certainly the wave of the immediate future.

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Services Integration

Parent Empowerment Through School/Community Partnerships

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Miguel

Sylvia Sanchez (not her real name) is a single parent and the mother of a child with severe disabilities in the community of Watsonville in Santa Cruz, California. Her son Miguel (not his real name) used to be in a special school operated by the County Office of Education, called a "Development Center for the Handicapped." Mrs. Sanchez had relatively little contact with the Center because she is Spanish-speaking and the only interpreting provided at the school was during IEP meetings. Her feeling about the Development Center program is that it mainly developed dependency on adults for support on the one hand and some behavioral problems on the other—no age-appropriate skills and no friendships.

Miguel now attends Freedom School, a regular elementary school in Watsonville, as a fourth grader in one of the regular classrooms. He has rapidly developed both skills and friendships. Mrs. Sanchez is a member of the Family Support Center team. Freedom School is part of a community services integration partnership that coordinates all social, health and specialized educational supports to children and families associated with the school. Mrs. Sanchez and Miguel attend meetings in the Family Services Center at the school on Wednesday evenings from 8 to 10 p.m. Child care is provided, so Miguel and his friends are looked after.

Freedom School bustles with teamwork. The school is governed by an interactive process that includes the principal and a site management team consisting of teachers, support personnel and parents. The team allocates and distributes school resources on the basis of pupil needs rather than, as formerly, on the basis of categorical label (i.e., Special Education, Chapter One, Gifted, etc.). Services Coordinators on the Site Team are fully familiar with the pattern of specialized in-school supports to individual students, and serve to coordinate those supports with other support systems available to the child and his family outside of the school. As a result of this process, Mrs. Sanchez has a Comprehensive Family Services Plan that effectively provides a "wrap-around" of all special assistance programs for which she and Miguel are eligible.

More importantly, as an active participant in her family assistance planning process, she has chosen from a number of options those services that meet her needs. Most of Miguel's health care needs are looked after in the Freedom School Clinic, which has a staff nurse and visiting physician assistants. In talking to Mrs. Sanchez about her feelings concerning Freedom School, it quickly becomes clear that she is emotionally invested in a positive way. Her son's school is a major community resource to the family.

Maria

In another school in the same community a different child, "Maria," is presenting a number of problems in her classroom. The teacher is concerned because Maria, until recently, had made steady progress in her curriculum and presented no particular difficulties. In a traditional school in a traditional community, Maria might well have been referred to the school psychologist for diagnostic testing. The process might have led to a categorical label being assigned to her, such as "learning disabled" or "emotionally disturbed," and an IEP written for special education.

In this case, however, a different process occurred. The teacher asked for assistance from the student study team at the school. The team felt that Maria's problems may be linked to family difficulties, and her situation became known to a Services Coordinator at the school, who elected to make a home visit. He found a situational crisis: Maria's father had just lost his job. With cooperation from Maria's mother, Victoria, the coordinator was able to develop a short-term Family Assistance Plan that helped Jose find work and helped the family to not only get back on its feet, but also get much-needed assistance in a variety of support areas that the family members were unaware even existed. Maria's problems abated with no long-term special support program needing to be invoked.

From Agency Centered to Family Centered

The unique circumstances that make these illustrations commonplace in Watsonville and increasingly in other communities is a piece of significant special assistance policy reform called school-linked, integrated services. At the heart of this reform is the idea that services to people who need special assistance in order to enjoy a reasonable quality of life need to be transformed from *agency centered* to *family centered*. A second principle is involved: service support systems need to be geared to *prevention* rather than *adult interventions*. In other words, invest in children rather than waiting to cope with major, expensive adult problems that emerge later on.

Instead of consumer family members having to seek out a variety of provider agencies in order to have their needs met, these agencies are represented through a knowledgeable and "user friendly" *single point of contact*. Families may select from a wide array of service options to meet their needs in a coordinated and periodically evaluated fashion.

Instead of being interviewed by a host of strangers representing a variety of agencies; instead of filling out volumes of forms, one set for each program or agency encountered; instead of appearing in person at a variety of agency offices located all over town and, in some cases, outside of town — instead of all these traditional headaches, family members can be interviewed by a single person, with a single set of forms who meets with them in a single and familiar place, often the school attended by one of the family members. The person interviewing the family is the same person at the school who looks after the various special support programs that the school provides to the child with special assistance needs.

Barriers

This process of transformation in school-linked, integrated services is not a new idea. It has been actively discussed and attempted in different forms by government agencies at the federal and state levels since the early 1970s. It has only very recently begun to gather steam as a major program of reform in American public policy. The reason is that the process of transformation is difficult. There are very significant barriers to services integration that have to be addressed in each community and in each state where these efforts are under way, before demonstrations like the one in Watsonville become possible.

Some of the more formidable barriers are as follows:

- **Discrete services programs.** Congress addresses social problems by creating an "authorization" (creating a program) and "appropriation" (funding the program) that is specifically aimed at solving a single problem (and no other problem). Take AIDS, for example. Special assistance programs to address the ravages of AIDS are now available in communities through a variety of discrete agency programs. Each has its separate eligibility requirements, forms, places of access, etc. Various programs do not co-ordinate, cooperate and in some cases are not even aware of each other.
- **Eligibility.** Bureaucracies that administer various programs (for example, the Agriculture Department, for food stamps) set standards for eligibility for assistance use. Often, programs that theoretically fit nicely together to provide a "safety net" of assistance for families in need, in reality cancel each other out. If you make use of Program A, you lose entitlement option for Program B, even though the two together might help a family to become self-sustaining much more rapidly than can either program alone.
- **Confidentiality.** Each agency that administers programs for client assistance maintains its own database on its consumers and rarely shares information with other agencies. The result is a near impossibility for coordinated services use across agencies. Each agency has "case managers" who will treat you as a "case" but who rarely correspond with or contact each other. Worst of all, none of the case managers will inform you concerning programs for which you may be eligible in other agencies.

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- **Funding restrictions.** Your particular special assistance need may not be addressed by any of the special assistance agencies in your community. Because no mechanisms for cost sharing exist in most communities, Agency A cannot provide assistance that is normally provided by Agency B in the absence of Agency B.
- **Turf.** Finally, the biggest single barrier to integrated services is simply represented by agency, and even programs-within-agency, turf protection. Human assistance bureaucracies are always strapped for money and the resulting tensions work against interagency planning and cooperation. As a result, the consumer pays the hidden cost of agency protectionism.

Solutions

These and other barriers are indeed formidable and historically hard to overcome. Solutions to these problems are known and can be applied to any community and in any state. All that is lacking to bring services integration reform into common practice is grassroots community organization by parents and community leaders, and a responsive leadership at the state level. Progress is significant in states such as California, West Virginia, Kentucky, and Indiana where state leadership has been exerted by the governor and the legislature. But the process begins best with families and/or agencies at the community level. When the process of transformation is well along, family empowerment is experienced as a tangible, and often emotional, reality.

Key Components of School-Linked, Integrated Services Models

- Family focused; consumer-driven social/health/education service provision
- Community is unit of coordinated service provision through Community Service Coordination Council
- Eligible clients are identified through school screening and referral processes
- "Case Management" through school-based service coordinators responsible to the Community Service Coordination Council
- All agency funding for identified clients administered through Community Council
- Flexible funding for problem solving approach as alternative to expensive services that may be unnecessary
- Service coordinators are members of school site Resource Management Team

Sailor, W., & Skrtic, T. (1995). American education in the postmodern era. In J. L. Paul, H. Rosselli, & D. Evans (Eds.), Integrating school restructuring and special education reform (pp. 418-432). Ft. Worth, TX: Harcourt Brace College Publishers.

CHAPTER

22

AMERICAN EDUCATION IN THE POSTMODERN ERA

WAYNE SAILOR & THOMAS M. SKRTIC

COSMOLOGIES

WE are clearly living in a time of sweeping change. Often, those who describe the processes of change within scientific disciplines refer to Kuhn's (1962) classic work in which he proclaims a paradigm shift. However, there are growing indications that the term *paradigm* is of insufficient conceptual magnitude to adequately describe the phenomenon (Goerner, 1994). The German language has a term that may fit more closely the scale and scope of change, and it has no English equivalent. The word is *Weltanschauung*, and it is usually translated as worldview, but with a disclaimer that English has no adequate descriptions for the term.

One way to view the significance of the change is to consider attributions of causation in human history. Throughout earliest recorded history, the fate of humanity was felt to be in the hands of one or more deities. The period of *spiritual determination* lasted until the Copernican revolution and the "Age of Enlightenment." The period of *natural determination* has lasted to the present time. Now, some feel a new era is emerging, one with 2000 A.D. as its temporal marker in the Christian calendar. By this reasoning, the new age is increasingly characterized by *self/social determination*.

Each of these periods presents a different perspective on humanity. Under spiritual determinism, human problems are resolvable only through faith in divine powers. In the age of natural determinism, the relative position of power occupied by humanity in the universe is improved somewhat. If all things are lawfully ordered and ultimately knowable, then human problems can be addressed through discovery of the underlying laws and manipulation of their consequences through scientific endeavor.

In the age of self/social determinism, it is recognized that all is not orderly and lawfully governed in the universe and that human problems can be addressed only through interpretation and political processes. The burden of responsibility on

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humanity increases with the progression through each of these periods of interpretation of causation or worldview.

A more complex progression was described by the philosopher Stephen Pepper (1946; Goerner, 1994) in a discourse on world hypotheses. In Pepper's progression, humanity's interpretation of the cosmos has progressed through the following six hypotheses: animism, mysticism, formism, mechanism, organicism, and contextualism. In this progression, mysticism is roughly an analog for spiritual determinism. Formism is Aristotelianism: the attempt to classify and name all things, and the search for absolute categories. Mechanism is the view that espouses natural determinism and is reflected in scientific thought from the time of Galileo through Newton (perhaps its zenith) and represented in contemporary thought in Skinnerian psychology.

The beginnings of the present transformation are anticipated in Pepper's system by organicism. Systems in the universe are evolving toward some end, according to this view, and knowledge must progress through discovery of the underlying change processes. Examples from philosophy include the dialectic, the thesis-antithesis process described by Hegel (Goerner, 1994). Finally, contextualism emerged, wherein humanity, according to Pepper, discovered that all things exist in a dynamic state of change with an interdependent relationship to all other things. Contextualism is manifest in the present through pragmatism and, in science, through applications of "chaos theory" (Guess & Sailor, 1993) and other sophisticated models of systems analysis (i.e., Gleick, 1987).

MODERN AND POSTMODERN

One argument, albeit controversial (Danforth, Rhodes, & Smith, this volume; Rowland, in press, Skrtic, 1991a), is that the transformation in worldview, paradigm shift, or whatever is represented in contemporary thought in a progression from "modern" systems and ideas to "postmodernism." In essence, according to this analysis, our modern foundations of knowledge are grounded philosophically in Pepper's (1946) hypothesis of formism and mechanism. We have behaved scientifically as if there is a reality that exists "out there" (epistemology) and that we can improve the human condition (axiology) by revealing and thus understanding its underlying laws and natural order (Rowland, in press). Modern foundations of knowledge are predicated on cognitive, rational processes (discourse and understanding). The very hallmark of humanity, that which separates us from the remainder of the organic world, is rationality. Through rational processes we discover truth, and truth shall set us free.

In postmodern thought, cognitive or technical rationality goes out the window. With it goes all of the bases for foundations of modern knowledge (Derrida, 1976; Searle, 1983). For this reason, postmodernists are regarded as antifoundational. If there is no permanently describable "out there" out there and it cannot be plumbed rationally, then how can we ever hope to solve human problems? The laws that describe order in a rational universe are not really laws at all, but are rather political constructions that are subject to reformulation with the changing ethos of social

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organization (Derrida, 1976). By Derrida's argument, there is no way to "know" outside of the manipulation of symbols ("text") (Derrida, 1976). Because no particular symbol system exists independent of social consensus in interpretation and of change, no system of description can be privileged over another. There is then no means of arriving at "truth" because there are no facts apart from some point of view that is transient in time (Rorty, 1991a). In the social sciences, the modern tradition of positivism is under challenge from interpretive or constructivist social science which assumes there is no objective truth, but rather that "reality" is socially constructed (Berger & Luckmann, 1967). Objectivity is replaced by intersubjective agreement reached not through rational discourse, but through communication and participation in evolving social settings and corresponding systems of meaning (Rorty, 1982; 1991a).

If the cognitive or technical rationality basis for knowledge is called into question, and that basis provides the foundation for the discovery of "truths" with which to benefit humankind, then from an axiological perspective, what hope is there for humankind and the preservation of social order? An answer can be found in the shift to a cultural rationality, a perspective on knowledge which is premised on understanding the evolving culture in which actions, practices, and premises are constructed and agreed upon. Such a view emphasizes the values, norms, and interpretations of participants in context (Skrtic, 1990; 1991a).

But what of epistemology? If there are no facts and no immutable laws that govern the "known," then how can we build a scientific process of discovery? The answer lies in shifting our standard from discovering truths to problem-solving. Under pragmatism (Dewey, 1982, 1990; James, 1948) the standard for what is true becomes what works, not in the narrow, uncritical sense of expediency, but in the critical sense of moving social systems and practices closer to democratic ideals of liberty, equality, social justice, and community. Ideas do not become facts under pragmatism, but rather hold "true" to the extent that they serve some human purpose for which they were constructed. Thus, knowledge is not about facts, but rather is concerned with symbolic descriptions of the universe that work when employed in the service of humankind (Rorty, 1982; Rowland, in press).

Pragmatism, because it sidesteps rational foundationalism, becomes a way to guide decisions about what to do and how to act in a postmodern world. The use of intersubjectivist research methods, such as critical ethnography and naturalistic inquiry (e.g., Lincoln & Guba, 1985; Gitlin, 1990; Skrtic, 1985, 1990) engage the researcher in interpretive dialogues with research participants. The goal of social research is to understand how those studied "contextualize" their social reality. Constructivist research, by enabling researchers to be privy to "insiders'" interpretation of reality, affords an opportunity to facilitate recontextualization and thus to promote change (Kelly & Maynard-Moody, 1993; Rorty, 1991b; below).

POSTMODERN/MODERN BORDER TENSIONS

School reform in recent times can be seen to be shifting from the technical rationality approach to change (Cuban, 1989; Elmore & McLaughlin, 1988; Wise, 1988) in the

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first "wave" of educational reform, the so-called "excellence" movement to the cultural rationality perspective embodied in the current "school restructuring" movement (Cuban, 1993; Skrtic, 1991b). Under the excellence movement, a rational-technical (linear) relationship between government policy inputs and local program outputs was assumed (McLaughlin, 1990). Such an externally driven (rather than internally motivated) approach led less to higher standards than to greater standardization (Skrtic, 1991b; Ware, 1994).

This approach to higher standards resulted in larger numbers of students failing and large resultant increases in special support programs such as special education and chapter one. Only at the beginning of the present decade did educational policy makers begin to realize that meaningful reform, that is, one that pertains to all students and that injects equality into the excellence standard (Cuban, 1990a), requires an understanding of the contexts in which teaching and learning occur. Our ability to change the teaching/learning process requires changing the way that people view and subsequently act within these contexts (Skrtic, 1991a).

From this cultural point of view, teachers are valued as contributors to the policy processes that guide educational reform. Meaningful change in schools requires cultural change rather than mandates from the central office or school board (Gitlin, 1990). Since culture is dependent upon interpretation, we need research that promotes understanding of how teachers interpret their practices in context, how those interpretations affect their practice, and the manner in which they change (Skrtic, 1991a). A postmodern study of education transformations thus would seem to require a constructivistic approach, one grounded in qualitative or interpretivist research methods (Denzin & Lincoln, 1994; Krueger, 1994; Stewart & Shamdasani, 1990).

The transformation from technical (modern) to cultural (postmodern) rationality precipitates various stresses ("border tensions") across virtually all processes that make up the field of education as a whole. In the paragraphs that follow, we examine some of these border tensions in pedagogy, and then finally we present a partial description of the emerging development of a postmodern elementary school.

Program Evaluation

Educational research is a case in point. As Hines and Kromrey (this volume) point out, a postmodern school agenda necessitates a pragmatic strategy, one that recognizes the legitimacy (indeed, the necessity) of interpretivist research methods. Not everyone agrees with this position. Modernists, arguing from the perspective of technical rationality consider interpretivist research to be "soft," "subjective," and to "lack vigor and utility" (e.g., Ullman & Rosenberg, 1986; discussed in Fergusen, 1993, p. 37).

Interpretivists have their resident challengers who take equally strident positions in response to positivism. Smith and Heshusius (1986), for example, argue that subjectivism is a fundamentally different view of the world and that only interpretivist methods can build a base of knowledge with which to benefit humanity. Others, (e.g., Howe, 1988; Shulman, 1987) approach such paradigmatic border tensions by offering compromise positions. Howe (1988) advances the case for pragmatism

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and argues that competing paradigms can coexist through problem solving and that each approach can bring something of value to the knowledge base. Others argue that interpretivist research methods can generate new hypotheses, which can then be subjected to empirical (positivistic) validation through combinations of methods (Cronbach, 1982). And there are those who take a more postmodern position, arguing that no single paradigm can investigate the full range of social phenomena and that a social inquiry must encompass competing schools of thought (Fergusen, 1993; Shulman, 1987).

Educational Placements

Nowhere have border tensions in the field of education become more visible than in the recent controversy over "inclusion" (Sailor, Skrtic & Kleinhammer-Tramill, in press). Inclusion is a tremendously important educational concept because it embodies two of the most radical aspects of postmodernism—voice and collaboration.

As Kuhn (1970) points out, when paradigms change, the entire structure of reality changes. "Facts" remain or become so only in the social context in which they are commonly understood, that is, within their paradigm of understanding. Whether one's perspective is psychology (i.e., Sampson, 1993; Flax, 1990), women's studies (i.e., Riger, 1992), education (i.e., Rhodes, Danforth, & Smith, in press; Skrtic, 1986), rhetoric (Rowland, in press), or anthropology (i.e., Schwartz, White & Lutz, 1992), changes in perspective are attributed to paradigm-level processes, and entire epistemologies are undergoing conceptual revolutions. These changes are principally and in common characterized by the legitimization of voice (social constructivism) in the construction of knowledge, and by recognition of interdependency among categorical "disciplines" of knowledge in defining truth (collaboration).

If special education and general education are coming finally to share a common agenda, and there is increasing evidence that this is so (Sailor, 1991; York, 1994; Paul & Rosselli, this volume), it is because of transformations in both disciplines. The transformations intersect at their respective evolutions toward the postmodern agenda of collaborative, team-driven processes (site management/shared decision making), and recognition of the need to include the voices of those who are different and/or disempowered in restructuring education. In the latter case, the child participates interactively in the construction of subject matter, as for example in the case of hermeneutics (Bernstein, 1983), wherein the child partially defines the "reality" of subject matter by challenging the assumptions of the author. In both special and general education, strong shifts of relatively recent origin are now apparent away from the passivity of radical behaviorism (i.e., Kohn, 1993) and toward social constructivism, where the child is very much an active participant in the learning process. As Rhodes et al. (in press) point out, the classic, modern view of children with disabilities is that they should be regarded as a "host of differences within a difference." Each category of learning "problem" requires a discrete, fragmented, and isolationistic solution. Postmodernism, by contrast, views disability within a broader context of valued diversity among participants in the process of education. The

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postmodern trend in education is reflected in the current manifestations of "detracking, degrouping, destreaming, inclusion, collaboration, cooperation, etc." (p.27).

Implicit in these trends is the growing unification of special education (and other categorical special needs programs) and general education, so that all of the challenges presented by their respective populations' inherent diversity can be addressed by a workforce of shared abilities, values, and perspectives. In addition, the postmodern processes of collaboration and voice (or empowerment) are reflected in similar reform strategies within the community at large, such as the services integration movement, which promotes the restructuring of health and social welfare systems and their integration with the educational system (see Sailor, Gerry, & Wilson, 1993; Sailor, Skrtic, & Kleinhammer-Tramill, in press).

The mid-to-late 1980s brought a shift in general education reform initiatives from a narrow concern for "excellence" to increased interest in equity and instructional efficacy for the growing number of students at risk for educational failure (Cuban, 1989, 1990a). Likewise, realization of the need for major reform of social services organization and delivery systems to address the needs of these children and their families, many of whom are living in crisis because of poverty, racial and ethnic discrimination, violence, and disenfranchisement. These events created the context for a broader and more pragmatic special education reform effort—inclusive education.

The components of inclusive education variously defined by Sailor (1991), Snell (1991), York (1994), stress: (a) inclusion of all students with disabilities in the schools which they would attend if they had no disability; (b) representation of students with disabilities in schools and classrooms in natural proportion to their incidence in the district at large; (c) zero rejection and heterogeneous grouping; (d) age- and grade-appropriate placements of students with disabilities; (e) site-based coordination and management of instruction and resources, and (f) "effective schools" style decentralized instructional models (Sailor, Gerry, & Wilson, 1993).

These definitions of inclusive education differ somewhat in focus from proponents of "full inclusion" (i.e., Stainback & Stainback, 1994). The emphasis in full inclusion models tends to be heavily driven by professionals and parent advocacy organizations identified with severe disability programs (see Fuchs & Fuchs, 1994, for a discussion of the role of TASH in the process). The issues seem almost wholly focused on full-time, regular classroom placement of students with severe disabilities. Discussions of "inclusive education," on the other hand, have tended to be more focused on different educational arrangements for all students and thus are more identified with school restructuring rather than a strict focus on special education service delivery. Both full inclusion and inclusive education proponents have in common a push toward the elimination of strictly segregated educational programs for students identified for special education (but see Sailor et al., 1989, for a discussion of special concerns in inclusive programs for students with deafness and hard-of-hearing conditions).

Inclusion has been treated in the media as if it were about putting students with severe intellectual disabilities in regular classrooms and not much else. Inclusive education, however, is a definitive postmodern agenda in the terms described earlier in this chapter. Collaboration among parents and professionals in a context of

school restructuring is the driving force. Implicit in these collaborative mechanisms is the collective voice of consumers (children and families) and of the "worker bees" in the system, the teachers. The outcome is increasingly described as the "unification" of education (i.e., McLaughlin & Warren, 1992; Sailor, Skrtic & Kleinhammer–Tramill, in press). Through processes characterized by voice and collaboration, all formerly fragmented, isolated, categorical subsystems (within and outside the school) are brought together and reorganized in a manner that benefits all of the students at the school. Including children with severe disabilities in a general education classroom can be viewed as an effort to integrate special education resources into general education as much as to enhance the cognitive and social development of the students with disabilities.

Teacher Education

Just as border tensions are felt in school restructuring approaches, so they are felt at least as acutely in colleges and schools of education. McLaughlin and Warren (1992), commenting on special education policy reform under postmodern transformations suggest that staff development for special educators should be undertaken in the context of restructured schools as the only viable personnel preparation policy.

Under the emerging implications of collaboration and voice, such preparation should be undertaken as an interdisciplinary team effort and should include participation by family members and members of the community through school/community partnerships (i.e., Duchnowski, Dunlap, Berg & Adiegbola, this volume). Team-governed staff development allows professionals and others to focus on common goals for all students and to share expertise. Where present training practices reinforce the "special" nature of skills held by special educators, team staff development approaches enable more fluid information and resource exchanges to occur across all disciplines, to the benefit of all children at the school site.

Examples of the need for this type of staff development abound in restructured schools. Teachers of "regular" students grapple with the need to individualize instruction for all students relative to the shift to outcomes-based education and curriculum-based, portfolio assessment. Special educators have historically been trained in these methods and have much to offer other teachers in making these transitions. General education teachers have much to offer special education teachers in facilitating the integration of "special" children and in making functional adaptations to facilitate the special education child's participation in the general education classroom. The special education teacher has much to offer their general education colleagues in performing functional analyses and instituting positive behavior management practices. This "bottled up" expertise can benefit all students under team-driven staff development models. Compare this to categorical personnel preparation models which actually retard progress in school restructuring by fostering isolation and dependency among teachers (Pugach, 1988).

Johnson and Pugach (1992) argue that the central question of inclusive education, that is, how to accommodate students with disabilities, may best be

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understood in the broader context of accommodating increasing diversity in American classrooms. The ability of professionals to collaborate in schools depends upon the commonality of their respective teacher education experiences (Su, 1990). Mason and Good (1993) argue that changing demographics are creating the need for more flexible grouping patterns in schools. These patterns, in turn, require expertise from both general and special educators relative to accommodating to diversity in situations where disability is but one aspect of a range of individual differences (also see Ware, 1994).

A number of the chapters that constitute Section Two, Part Two of this volume can be regarded as voices from the field in interpreting within a social constructivist framework the experiences of higher education students and faculty and the staff with whom they work in schools. These experiences are encountered daily in helping to transform teacher education from university-based, categorical training to school-based, team-driven growth and development.

Not the least of the border tensions reflected in personnel preparation programs are those encountered by faculty who are held to a modern standard of evaluation for promotion and tenure (i.e., number of referreed publications; participation on university committees, and so on). How can these field-based, team-participant faculty compete with colleagues from departments in which career advancement depends only on publishing (i.e., Paul, Johnston & Raines, this volume)? As Paul et al. point out, preparing personnel for restructured schools in the postmodern era means that the preparation programs themselves must be restructured. If they are not, square pegs will go on being produced in the hope that they can somehow be fitted into the round holes of a different and evolving system.

Other border tensions can be felt across the entire spectrum of education. In school finance, for example, arguments abound over which kind of state funding formula is more likely to enhance inclusive practices (Greyerbiehl, 1993; Moore, Walker, & Holland, 1982; Parrish, 1993a, 1993b; Shriner, Ysseldyke & Thurlow, 1994). In early childhood education, the argument is focused on shared arrangements between schools and their communities (i.e., Smith & Rose, 1991), and on the role of families in the implementation of Part H service delivery (Dunst, Trivette & Deal, 1988; Hanson & Lynch, 1989; Turnbull & Turnbull, 1990). What is clear from a comparative look across these issues is that a set of transformations are underway in education and, for that matter, across all human service arenas (Sailor, Skrtic & Kleinhammer-Tramill, in press), transformations that reflect the postmodern thesis of this book. The border tensions are likely to continue for some time but the transformation agenda is underway.

SCHOOLS IN THE POSTMODERN ERA

A community not far from the University of Kansas offers a glimpse at the transformation from modern to postmodern schooling in one school district. Consider School A, a medium-sized elementary school in a lower-middle class neighborhood in a small city. School A is a traditional modern elementary school. Its program

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begins at kindergarten and continues through grade 6. Children are in self-contained classrooms all day except for kindergarten, which operates two separate half-day sessions. There are no ties with preschool providers and no formal transition planning for movement of students into junior high school.

School A has two special education classrooms for students with behavior disorders. Some of the children in these "BD" classes are partially mainstreamed for some regular class periods (art, PE, and others). The district has traditionally considered School A to be "the BD school." Other children with different types of disabilities who would otherwise be expected to attend School A are bused to other schools in the district. Some regular classroom children are encouraged to be "peer tutors" and to spend some small time in the BD classes doing relatively nonfunctional assistance tasks with some of the special education students. When the special education students reach the age equivalence for grade 7, they are passed along to the special BD classes at two junior high schools in the city, only one of which typically receives students from School A.

School A also operates two chapter one pull-out classes, a pull-out program for gifted instruction, and a resource room program for students with learning disabilities. The school is "governed" by a principal and a site advisory committee that meets once a month, but all school policies are set by central district office administrators. Similarly, although the principal is responsible for the day-to-day operation of the school, the categorical programs, including special education, are the responsibility of a special programs administrative staff at the central office. School A has no mechanisms in place for including teachers, parents, and community members in decision making regarding utilization of school resources. Attendance at the school's parent-teacher organization meetings is light and fund-raising efforts have been only marginally successful. The school has a high number of minority students, even though the proportion of minority students in the surrounding community is low.

Consider now School B. This school has been undergoing significant transformations for about three years. In terms of size and demographics, School B is comparable to School A except that a relatively higher percentage of School B students qualify for the free lunch program, and the school operates a schoolwide chapter one program.

Things began to happen at School B in earnest when it began a process of rapid compliance with the new state school restructuring initiative passed by the Kansas State Board of Education and called Quality Performance Accreditation, or QPA for short. This initiative calls for transformation to site-based management, team-governed processes at the school, and movement toward outcomes-based assessment and curriculum planning. The principal at School B additionally applied for and received a number of small state-level incentive grants (including one on special education inclusion). The principal further applied for status as one of the Professional Development School sites in conjunction with the University of Kansas School of Education, Professional Development School project. Finally, the principal and teaching staff requested and have been receiving technical assistance from the KU University Affiliated Program (UAP) which provides technical assistance in partnership with the KU Department of Special Education.

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These and other efforts by the administration, staff, and parents of School B have led to some remarkable transformations in the way that children receive their education. When School B opened in the Fall of 1994 it exhibited, among many others, the features described in the paragraphs to follow.

School B voluntarily surrendered its isolation and self-containment within its community. It has reorganized to form partnerships with community agencies, with the nearby university, with its community of families and businesses, and internally with its full panoply of specialized support services.

School B now has a preschool program on the campus. Funded by a variety of sources, the program affords children and families who will attend the school a chance to become familiar with the school's staff and program in advance of regular attendance. It provides school staff the opportunity to assess and plan for the specialized support needs of students before they arrive in kindergarten (which is now a full day program). Both the preschool program and the grade level programs are fully inclusive for all students. Gone are the special education classes and the pull-out programs. The students who would normally attend School B are no longer sent elsewhere, and the school, with very few exceptions, serves only those students from its designated service area.

School B has a site resource management council that consists of teachers, other staff, and parents. Governance at the site is an interactive process between the principal and the site council, and the principal represents the interests of the school to the central district office. Smaller "preassessment teams" examine the needs of students who require special assistance and make recommendations to the site council. Supports are arranged in terms of the "best fit" among school staff and the particular support needs of students. No student is designated for special education simply on the basis of test results. There are no special classes and all students, including those with severe disabilities are "unlabeled" members of regular classes. All extra-classroom support services are operated as interdisciplinary, integrated resource environments, where specialized therapies can be integrated into cooperative learning groups, peer tutorials, and other peer-mediated integrative approaches.

The school develops transition planning mechanisms for students with special support needs in the year before graduation to junior high school. Junior high staff visit the classes at School B and get to know the incoming students with special needs. All sixth graders get field experience visits to the junior high school, and some take one or more classes such as advanced mathematics at the school.

School B opened in the fall with both a hot lunch and supper program and operates an inclusive, after-school "latchkey" program, again funded from a variety of school and nonschool sources. The school is open in the evenings on a frequent basis for community/school planning sessions, attended by school staff, school board members, district staff, parents, and members of the community.

The school hosts a Family Resource Center which operates in conjunction with a community/school partnership program for school-linked integrated services (see Sailor, Skrtic, & Kleinhammer–Tramill, in press). Under this arrangement, services coordinators (called "family advocates") participate on the school site governance council and help to plan special support services for students who need them. They

also represent the school on the "community integrated services planning council" and look after the needs of students and their families for specialized support services in the community.

The Family Resource Center is a "one-stop-shopping" center for all support services including health and social welfare services for families in need of such assistance for any reason. A health clinic associated with the Family Resource Center provides vaccinations, EPSDT screenings and referrals, and other school/community health programs.

The University of Kansas places practicum student trainees in a variety of educational programs at School B. Faculty from KU participate directly with the school program in providing supervision and instruction for their university students. As a result, the transformations occurring in School B have an interactive effect with the university. Departments (i.e., Special Education, Educational Psychology, Curriculum and Instruction, Human Development and Family Life) that normally operate independently and with autonomy now hold interdisciplinary sessions in conjunction with the UAP to facilitate combined teacher training and staff development efforts at School B.

School B is well on the way to becoming a postmodern school. The contrast with School A is striking. In this community, as in many others around the country (including those described in various chapters in this volume), transformational processes have begun that will likely go to scale to the extent that they produce better educational outcomes for students. More time is required to adequately evaluate the outcomes question, but the underlying change processes clearly "lead lives of their own" and are linked to the broader changes that are affecting all aspects of human endeavor.

MOVING FROM A TO B

Operating under constructivist principles, policy analysts (e.g., Jennings, 1987; Kelly & Maynard-Moody, 1993; Lindblom, 1990), program evaluators (e.g., Guba & Lincoln, 1989; Sirotnik, 1984) and implementation researchers from a variety of fields—including general education (Gitlin, 1990; Sirotnik & Oakes, 1986) and special education (Skrtic, Guba & Knowlton, 1985; Skrtic, 1985, 1990, 1991a)—have begun to transform the process of studying change into one of promoting change. Given the goal of understanding how research participants construct or contextualize their social reality, constructivist research necessarily engages researchers in interpretive dialogues with research participants. Besides making researchers privy to the insiders' interpretation of reality, this creates a unique opportunity for them to influence the participants' contextualizations and thus to facilitate change through recontextualization.

Writing from the perspective of constructivist policy analysis, Kelly and Maynard-Moody (1993) noted that, "outsiders can facilitate the recontextualization of insiders' [constructions] by bringing together different subnarratives so that all concerned can gain a better understanding of the larger narrative of which they are all a part" (p.3). Given a conceptualization of change as recontextualization, the goal of the

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researcher is to facilitate change in social settings by broadening and enriching intersubjective agreement through methods geared to "probing, not proving" (Lindblom, 1990, p.21). The role of researchers is to "facilitate. . .deliberation, to bring together multiple perspectives, to assist in the process of exploring alternative courses of action, and to aid [participants and themselves]. . .in understanding the possible limitation of their current perspectives" (Kelly & Maynard-Moody, 1993, p.4).

The advantage today is that implementation researchers and program evaluators in education have begun to conceptualize educational change research as "educative" rather than merely evaluative (e.g., Gitlin, 1990; Guba & Lincoln, 1989; Sirotnik & Oakes, 1986). They are calling for a dialogical approach to inquiry, an educative process characterized by a mutually shaping relationship among researchers and research participants. Under this approach, the very criteria by which educational research is judged has changed to "the degree to which the research process enabled disenfranchized groups to participate in the decision-making process; examine their beliefs, actions, and the school context; and make changes based on this [recontextualized] understanding" (Gitlin, 1990, p. 446).

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14

Family Participation in New Community Schools

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Family support is emerging as an important policy initiative across many arenas. This chapter addresses its importance within educational policy developments, because as conditions change for families, educational systems are affected. Often, communities are slow to respond to these changed family conditions in constructive ways. But if families are to provide supports to their members, then communities need to look at new ways to support families. Just as the social-ecological perspective places families within the larger community, schools are nested within that community as well and operate as significant service systems to families with children.

The school is one element of the community that is making some initial steps to respond more appropriately. Because schools are perceived to be relatively neutral entities in neighborhoods and are often viewed positively by families with children, they are looked to as institutions capable of organizing supports for families. Schools are typically closer and more accessible to families than are other agencies. Although educational services have typically been very child focused, schools offer an infrastructure that is adaptable to serving families also, as demonstrated by the many family resource center movements across the country that are using schools as host sites. The field of education demonstrates a growing awareness that childhood is changing and that schools' roles must change to keep pace.

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FAMILIES IN SCHOOL POLICY REFORM

The school restructuring movement heralds changes in the relationships among families, communities, and schools. Traditionally, families have delegated the responsibility of educating their children to professional educators, while educators have expected families to assume responsibility for the health, nutrition, shelter, safety, and socialization of children. With few exceptions, both educators and families have accepted their respective contributions to the lives of children as *separate spheres of influence* (Epstein, 1992).

Conley (1993) describes the manner in which families and communities have delegated responsibility for schooling to professional educators:

> The structure of public education has evolved over the past 150 years based on much the same rationale used to develop common fire, police, sanitation, and public welfare systems. Once government creates a system, citizens have only to pay taxes and hold elected officials accountable for the efficient and effective delivery of the services. Well-trained professionals are to make the day-to-day technical decisions that drive the system and ensure provision of high-quality services to all. (p. 89)

Since the 1980s, however, the challenges of educating an increasingly diverse population of students, together with a changing economy and the need to prepare students with the skills to enter the postindustrial job market, have forced public attention on education, spawning intense dialogue about what schools can and should be responsible for doing and how they should be managed. This dialogue has produced consensus that professional educators cannot solve the myriad of social and economic problems that influence how children achieve in school, but, at the same time, they cannot perform their roles effectively without solutions to these problems. Thus, there is increasing recognition that education can effectively address these challenges only through meaningful interfaces—based on flexibility and permeability—with families and communities.

Recent Legislation

Recent legislation, Goals 2000: Educate America Act of 1994, P.L. 103-227, speaks directly to the need for greater involvement of families in the governance and process of education. Section 2(8) of the act states that one purpose of Goals 2000 is to provide assistance to "every elementary and secondary school that receives funds under this Act to actively involve parents and families in supporting the academic work of their children at home and in providing parents with skills to advocate for their children at school." Clearly, the intent of Goals 2000 is to increase opportunities for families to have a voice and collaborate in the education of their children. Goals 2000 also paves the way for schools to provide direct support to families through adult literacy classes, parenting or Parents-as-Teachers classes, school completion programs, and school-linked services, as described later in this chapter.

Another policy opportunity is offered by the Families of Children with Disabilities Support Act of 1994, PL 103-382, passed by Congress in October 1994, as part of the reauthorization of the Elementary and Secondary Education Act of 1965, PL 89-313. The new law provides a springboard for initiating a range of family-centered strategies for families who have children with disabilities. Under the law, the family support strategies selected by planners within each state are to be determined by the needs of families and are to be coordinated across agencies, including schools. Possible categories include training and technical assistance, policy studies, public awareness and education, or pilot demonstration projects. The Family Support Law offers families opportunities to become involved in identifying their own needs and collaborating with agencies to design appropriate supports. In some cases, these supports might be provided or coordinated by schools.

Family Participation Strategies

Conley (1993), Johnson (1993), and Wagstaff and Gallagher (1990) describe the range of strategies typically employed to engage families in education. Those strategies, ranging from passive participation of families to active participation and advocacy, include reports on achievement and educational programs, volunteer activities, home visits, family participation in site-based management, and challenges to family participation.

Reports on Achievement and Educational Programs

Wagstaff and Gallagher (1990) identify the most passive level of family involvement as that in which parents are merely recipients of information about their child's educational program and level of achievement within that program. Conley (1993) similarly identifies knowledge of learner outcomes as a way of monitoring and supporting student performance, also a passive strategy for family involvement. In either case, the communication process is often one way, and families have few opportunities to reveal the extent of their cognitive engagement with the information or their response to that information in terms of home activities. Furthermore, they have little or no voice in validating or disputing the information about their child's knowledge or in building a more complete picture of the child's interests and abilities based on interactions at home.

School and family interactions become somewhat more collaborative when families participate in setting learning goals for their child through the development of individualized education programs (IEPs) as mandated by the Education for All Handicapped Children Act of 1975, PL 94-142, for children with disabilities. Similar processes may be adopted by individual teachers or schools (Conley, 1993). Ideally, the process of developing the IEP involves collaboration between families and professionals to identify the child's resources, concerns, and current level of educational performance. Based on that information, families and professionals develop goals for the

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individual child. Turnbull, Turnbull, Bronicki, Summers, and Roeder-Gordon (1989) have found, however, that IEP meetings often provide little real opportunity for parental voice in determining either their child's needs or the goals and / or content of instruction.

Volunteer Activities to Relieve Teachers of Noninstructional Tasks

Wagstaff and Gallagher (1990) classify noninstructional volunteer activities as another strategy that involves families in passive relationships with the school. Traditional parent–teacher organization activities may require parents to invest time and / or financial resources in the school; however, they do not offer families the opportunity to participate in decisions that affect school governance or instruction. Furthermore, traditional relationships between families and educators were built on the assumption that caregivers—usually mothers—were available during the day to engage in volunteer activities to support the school and, at the end of the school day, to monitor homework. The increase in the number of single-parent families and families in which both parents work severely limits this type of involvement (Johnson, 1993; Wagstaff & Gallagher 1990). Still, the family member who can volunteer during the school day has the advantage of experiencing and / or shaping the school culture, as well as observing his or her child in the social and learning context of the school.

Home Visits

During the 1940s and 1950s, schools often reached out to families by teacher visits to students' homes. This practice gradually faded as teachers' unions grew stronger; schools were consolidated into larger, more efficient units; social conditions for many students grew worse; and students were more frequently transported to distant school sites to achieve racial desegregation or to acquire specialized services. Current recognition that family support is integrally related to student achievement has revitalized this strategy (Conley, 1993). In addition, current emphasis on school readiness has spawned programs such as Parents-as-Teachers where educators provide information related to child development, emergent literacy, and behavior management to families. For young children with disabilities or those who are at risk for disabilities as defined by the Education of the Handicapped Act Amendments of 1986, PL 99-457, educational or therapeutic interventions are provided to both families and children in *natural environments*, which include the home, preschools or child development centers, and child care settings.

Family Participation in Site-Based Management

A core feature of current efforts to restructure schools involves participatory, site-based management that is designed to make schools more responsive to the concerns of the community and to empower parents to join administrators and teachers in a variety of planning, governance, and instruc-

tional tasks. Guthrie (1986) describes the rationale for site-based management of schools when he states, "A school faculty and its Principal constitute—or should constitute—a natural team. Moreover, parents and students usually give their allegiance to a school, rather than to a district or to a statewide educational system. Thus, it seems only logical that the school should be the primary decision-making unit in an educational system" (p. 306).

Governance of schools through site-based management typically involves development of site resource management teams (Sailor, Anderson, Halvorsen, Doering, Filler, & Goetz, 1989), site advisory councils, or similar team configurations consisting of families, community representatives, and educators. These site teams provide opportunities for collaboration and, thus, development of a shared vision of education. Team members ideally serve dual roles by representing the concerns of their constituent groups in managing schools and by disseminating information about the school to those whom they represent. Team members should also represent the community's needs and resources in terms of cultural, ethnic, and economic diversity.

The scope of issues addressed by site teams varies widely. At one end of the continuum, site councils may serve as merely an extension of the parent–teacher organization to address such issues as raising funds for specific school functions or building improvements. The other end of the continuum is represented by site resource management councils that are empowered to make key decisions about instruction, personnel, and allocation of resources to accomplish school improvement. The team's scope of authority and composition (including the inclusion of families on the site council) is often determined by the willingness of educators, particularly the building principal, to share authority (Conley, 1993).

Challenges to Family Participation

Regardless of the strategy for family involvement in schools, the school restructuring movement and related legislative programs, including those embodied in Goals 2000, acknowledge that schools can be successful only to the extent that partnerships with families and communities are forged. Although building new relationships with families is a core task in school restructuring, it poses challenges for both educators and families.

Family participation necessitates a willingness to abandon the delegation model of education and acknowledge that professionals cannot accomplish the task of education in isolation. It also means that families must learn advocacy and negotiation skills, as well as educational skills, for supporting their child's learning. The feasibility of family participation in education may depend upon the development of broader community supports, such as employers providing released time from work, schools providing extended hours of operation, and compensation for professionals and staff who meet the scheduling needs of working parents.

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Professionals will, likewise, need to learn new roles and accommodate the extended work scope involved in family participation. Professional educators have become accustomed to the hierarchical roles that have been traditionally assigned by the education bureaucracy; educators have typically been socialized to see themselves as providers of information but must now learn to collaborate with students and their families in planning and delivering instruction. Educators will also need to learn to appreciate the diversity of values and cultures that families will bring to the collaborative process.

Conley (1993) cautions that opportunities for families to engage in school governance activities may be limited to safe family members who are not likely to challenge professionals. There is also concern that family participation in school governance might enable particular groups to forward agendas that conflict with larger societal goals. Still, the very energy and investment of people who wish to influence schools could serve as an impetus for the development of highly participatory site advisory teams, and representative site teams might, in turn, help to allay fears and misconceptions based on lack of information.

SCHOOL-LINKED SERVICES INTEGRATION

In spite of the tremendous efforts to improve schools through restructuring, there is growing recognition that change in education, alone, cannot withstand the tide of poverty and social problems that place a growing population of students at educational risk. Children who arrive at school in marginal or poor health will not respond positively to even the most innovative curriculum and teaching. Therefore, social welfare systems need to become more responsive to the day-to-day, real-life problems of individual children and families. It has been proposed that social and health services should be provided in the school setting or, at least, be coordinated with the school (Kirst, 1992). This movement toward site-based management is a critical first step toward implementing community-based, school-linked services. Site-based management allows for more flexible use of resources and for more localized decision making that is approached holistically, rather than on isolated areas of need. School-linked services integration offers a means for addressing root causes of educational risk (e.g., hunger, poverty, poor physical and/or mental health, abuse, neglect) by creating a single point of contact for all school and community services, and by locating services, when possible, in schools to promote access for families with multiple needs (Crowson & Boyd, 1993; Kirst, 1992).

The Need for School-Linked Services Integration

Many children and their families are in dire need of assistance in order to end the cycles of poverty, violence, abuse, malnutrition, and chronic health problems that can have lasting impact on future generations. The crises

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affecting so many of our nation's children and families are compounded by the fact that poverty, illness, lack of education, and powerlessness make it difficult for many families to gain access to or use existing social services. Child abuse, health, income support, and housing statistics suggest that families' access to support services for children is actually declining (Kirst, 1989; 1992). During the economic stress of the 1980s, budgets for social services declined, making the caseloads of individual service providers unmanageable. As caseloads have grown, the quality and availability of service to individuals has declined. Furthermore, existing human services systems, funding patterns, and service delivery are typically organized around categorical needs so that children and families may or may not qualify under various programs for the full array of services they need.

Many families who would initiate access to health care or social welfare assistance fail to do so because of patterns of *learned helplessness* (Seligman, 1975). That is, when poverty prevents a family from gaining access to necessary transportation to reach service providers or, worse, when service providers and their respective agencies respond to these families by imposing rigid and incomprehensible eligibility guidelines, long waiting periods, attitudes of blame, or helpfulness only when the right family pathology is exhibited, the family is apt to feel as if they have lost control—completely helpless and at the mercy of an irrational system.

For families of children with disabilities, this attribution of helplessness may be compounded by chronic challenges posed by the disability. The family who is reluctant to go to church or other public places because of a child's behavior, who receives blame by extended family members and neighbors, who is unable to obtain respite care, or who is unable to envision a future of autonomy for their child may experience increased helplessness (Turnbull, Ruef, & Reeves, 1993). These families may, in addition, experience poverty, engage in violence against their children, or face separation or divorce as a result of the disability. Families of children with disabilities often confront an overwhelming and fragmented array of services, ranging from neonatal intensive care and various therapies after the child is born to the need for legal and financial counseling when faced with issues related to the child's transition to adulthood (Turnbull et al., 1989).

The Promise of School-Linked Services

School-linked services integration is a promising strategy for bringing families into contact with the services they need. Within a school-linked services integration model, education (and all of its specialized support categories), health and its subsystems, employment (business and industry as active participants), social and recreational systems, judicial systems, housing support systems, and religious supports, among others, are made accessible to the family and child through a single point of contact linked with or even located in the school. This means that agencies that have typically functioned quite independently agree to work in a coordinated fashion to meet

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families' concerns. In ideal situations, funding and services that are typically earmarked by category of need are used flexibly to ensure that no child or family falls through the cracks of categorical services. School-linked services integration is prevention, rather than crisis, oriented; and it addresses problems from neonatology to the school years, including the period of transition from school to adult status. The model provides for a single point of contact, service coordination, and long-term progress evaluation, and provides a seamless web of support services that cuts across all of the service systems that characterize the community served.

This service transformation must be driven by the makeup of particular neighborhoods in the community and, in turn, be a source of resources and assistance to those communities (Gerry & Certo, 1992). Where services to children and their families have previously been agency focused in scope and application, the services must become family focused and community managed. Under such a configuration, emphasis is placed on actual service delivery events and specifiable outcomes, rather than on narrowly defined agency services. A problem-solving approach becomes possible, particularly when the integrated services structure permits flexible funding to meet particular unanticipated needs at the community level (Sailor, 1991).

Growing Commitments to School-Linked Services Integration

Efforts to improve the delivery of health, education, social, and welfare services to children and their families through interagency coordination and collaboration are currently being hailed as novel approaches to serving clients in both an efficient and cost-effective manner. Although currently gaining a great deal of attention, these efforts are not new. Kagan and Neville (1993) have traced the history of integrating human services in America back to the colonial period. Historians and policy analysts cite numerous, but isolated, examples of federal and state attempts at services integration prior to the 1960s. However, there is general consensus that the current focus on services integration started in the 1960s.

Crowson and Boyd (1993) state, "Few ideas have caught on in public education as rapidly or as widely as the notion that public schools and other social and health agencies should collaborate to provide more effective services for children" (p. 143). Indeed, interagency agreements and efforts to stimulate the development of school-linked services integration range from federal efforts, such as those of the U.S. Department of Education (USDOE) and U.S. Department of Health and Human Services (HHS) (Melaville, Blank, & Asayesh, 1993), to state and local efforts.

However, the spread of school-linked services integration has not always been accompanied by reasonable efforts to evaluate success. Crowson and Boyd caution,

> in the case of coordinated services for children, all manner of arks are being launched into poorly understood weather and waters. Not surprisingly, this sense of "damn the torpedoes, full speed ahead" has exacted a price. A number

> of coordinated ventures have foundered on the shoals of interagency relationships. (p. 141)

As school-linked services integration provides a means for addressing the critical problems facing many families and overshadowing the future of many children, it is essential to begin to develop a set of properly evaluated practices for effective implementation. This includes an understanding of the policies that facilitate or impede delivery of school-linked services integration and an understanding of its impact on children with disabilities.

In some communities, family resource centers have been established as the conduit for integrating services. Such centers may be located in or near a school or at another convenient neighborhood site. In this model, personnel are hired to serve as a single point of contact and service coordinator for families. An individual family would visit with the contact person to explain their situation and to discuss appropriate options. This contact person would make the necessary inquiries to clarify options with agencies or other services thus streamlining what is often a frustrating or confusing process for families. The family would then make a decision based on the options available.

In some cases, it may be possible to get needed services at the family resource center. For example, a public health nurse or employment counselor might be at the center 2 days each week and be available for family consultations. In other cases, the family's contact person might arrange transportation so the family can obtain services available elsewhere in the community. The family's contact person would typically communicate with the family as a follow-up to determine if the services received were satisfactory. In the family resource center model, it is advantageous for the same contact person to work with the family over time to better understand the family's needs and to develop a trusting relationship.

School-linked services integration appears to offer tremendous promise for bringing families into contact with the services they require. Yet, the challenge of achieving collaborative systems where fragmentation and specialization abound are great (Skrtic, 1991). Furthermore, relatively little is known about the impact of these emerging efforts on the lives of children with disabilities and their families.

Key Components of Effective Services Integration

Models (New Beginnings, 1990; Sailor, 1991) that demonstrate relationships among school restructuring, inclusive education, and school-linked services integration are particularly useful in considering the impact of school-linked services integration on children with disabilities and their families.

To review briefly, *school restructuring* allows schools to function with relative autonomy through site-based management and, thus, involves teachers and parents in the use of resources to stimulate student outcomes. As a result, management of restructured schools is participatory so that teachers, support staff, and family members come together in collaborative

team arrangements at the school. There, they plan how to use all of the resources at the school in a way that would benefit all children. Categorical services, including special education, Chapter 1, and bilingual education are reconfigured and coordinated to the benefit of all of the students at the school. Furthermore, the school and community are brought closer together through collaborative planning activities.

Inclusive education for students with disabilities means that these students receive the services they need in age-appropriate general education classrooms and other fully integrated school and community settings, rather than in segregated special education classrooms; students with disabilities are served in their neighborhood schools or the attendance centers that they would participate in if they did not have disabilities; and students with disabilities are represented in natural proportion, rather than clustered in one or a few schools. Furthermore, eligibility requirements and services for students with disabilities are organized around student need rather than categories of exceptionality, and special education exists as a support service to the general education classroom so that the context of education is made appropriate and accessible to the student rather than the student to the context. Thus, general education classrooms better accommodate students with disabilities and also acknowledge that all students have special needs of varying intensity and duration.

The *school-linked services integration* component of this interactive model acknowledges that many students, including those with disabilities, have needs that directly affect their ability to participate effectively in education. Under this arrangement, children and families become the focus of the service system, not the agencies that provide the services. Under this reform effort, it is recognized that investing early in the lives of children may prevent significant social, educational, and health problems later in life. Agency supports are provided in a decentralized fashion through a community, family-assistance planning council. This council is made up of service agency representatives from all human assistance systems in the community, representatives of families who use these services (e.g., families with low income, parents of children with disabilities), and service coordinators who link the family service planning efforts in the community to the special assistance programs that operate in the schools. Under this arrangement, all support systems in the school and the community operate in accordance with each other; there is no duplication of services, nor do children fall through the gaps in the various systems of support. A single family services plan is generated at the local community level that wraps around the child in school, and the child and family in the community.

INCLUSIVE EDUCATION

As evidenced by the current controversies surrounding reauthorization of the Elementary and Secondary Education Act—Improving America's

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Schools Act, PL 103-382—a revolution in service delivery systems and related educational practices for children with special needs is occurring. This revolution takes several forms. First, based on the recognition that children who are at educational risk are more alike than different, many have proposed merging the resources of special education with those of remedial and compensatory education, bilingual education, and migrant education to provide more comprehensive services for all (Reynolds & Lakin, 1987; Reynolds & Wang, 1981; Will, 1986). Second, based on both ethical and philosophical arguments and effectiveness research, many have proposed ending pullout services for children with remedial or compensatory educational needs (Eyler, 1982; Johnston, Allington, & Afflerbach, 1985; National Institute of Education, 1978; Walberg, 1984).

The trend toward inclusive education for students with special needs and infusion of resources from programs such as Chapter 1, special education, limited English proficiency, migrant education, and so on represents a critical step in involving families for several reasons.

Decategorizing Resources and Services

Traditionally, the challenge of educating diverse populations of students has meant an attempt to carve out homogeneous subgroups of the student population. Thus, programs for children in poverty, for children who speak languages other than English, for children whose families are migrant workers, for children with disabilities, and for other subgroups of children have developed through legislation that entitles them to educational services that might remediate or compensate for problems caused by these circumstances.

However, there is widespread acknowledgment that, in spite of these programs, many students fall through the cracks of service delivery because they or their families do not meet categorical eligibility requirements. Students who do receive services under such programs often experience curricular fragmentation. For example, remedial reading services under Chapter 1 are not coordinated with the reading curriculum in the general education class. Likewise, classification of students is erratic and varied; a student with a disability may not be recognized as such, and, therefore, not eligible for special education. Furthermore, remedial and compensatory categorical services tend to be focused on learning pathology, which is based on environmental, cultural, or physical etiology, rather than on the assumption that diversity is natural and valuable to the human condition. Under such conditions, parent–teacher communications are apt to focus on determining the cause and extent of a learning difficulty, and the parent's contacts with the schools may focus around the special program, its eligibility requirements, and compliance with its statutory and regulatory requirements, rather than around the student's citizenship in the overall school culture. The particular focus on a child's learning difficulties may produce guilt in the parent of a child with disabilities or the parent of a

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child with limited English proficiency. These parents may be alienated by interactions with teachers whose role is to counteract the effects of non-English cultural and linguistic experiences.

Families are less likely to participate in school governance under such circumstances. Wagstaff and Gallagher (1990) note that families began to assume activist roles in education only when federally mandated compensatory or remedial services legislated in the 1960s and 1970s began to include them. Many of these programs include requirements for some form of family participation in planning services for their child. Requirements for the type and degree of family participation vary; they include parent advisory boards, periodic conferencing requirements, the full range of IEP notification, and consent procedures (required as part of due process protections by the Education for All Handicapped Children Act of 1975, PL 94-142).

Wagstaff and Gallagher (1990) note, however, that efforts to involve families in such roles have typically failed because, "Unfortunately, many non–English-speaking families, single parents, and working parents cannot or do not participate in parent advisory committees" (p. 110). Furthermore, where family participation does occur, all too often families become disaffected with schools when they receive only bad news from these programs about their child's behavior and performance. When family members become discontented with the school, the attitude is subtly passed on to the child who may then begin to disconnect from the program.

Yet, decategorization and infusion of resources in restructured and inclusive schools means that teams of teachers, parents, and staff have primary responsibility for educating all students, including those with special needs. The specialty teacher model used previously gives way to broader general education responsibility for all students. In many restructured school models, every student is assigned to general education, and all of the specialized services personnel participate in teams that are responsible for every student's needs. According to Sage and Burrello (1994), in a restructured and inclusive school, the principal, in agreement with the school site team, exercises control over all of the resources available to the school, including special education, in a manner that benefits all of the students at the school (Sailor & Skrtic, 1995).

Parent participation can be dramatically different in the restructured and inclusive school where services are decategorized and infused into general education. For parents of children with special needs, the focus of schooling is the classroom and the school, not the specialty service designed to improve the child or his condition. Individualized planning in collaboration with families occurs for every student, not just for those children with special needs; thus, the process potentially becomes more normalized and less bound by legalistic procedures for both families and teachers. Particular care must be taken to recruit and include families representing a diversity of cultures, disabilities, and economic statuses for membership on

school site councils. Families are likely to be more willing to participate in such activities when the focus and scope of these outcomes center on meeting the learning needs of all children rather than on remediating the specific problem area that affects their child.

Inclusion in Community Schools

When PL 94-142, the Education for All Handicapped Children Act, was passed in 1975, it held great promise for ensuring that every child with a disability would receive a free and appropriate public education and, when possible, be integrated into the mainstream of general education. Since its enactment, the spirit of PL 94-142 has often been overshadowed by the separate system established to carry out special education.

As in general education, many current issues in special education are being framed around implementation of Goals 2000. Senate Report 103-85 directly addresses the educational needs of students with disabilities in the context of the eight national goals contained in the Act (S.1150). The report ties the Act directly to previous legislation and states the following:

> In far too many districts around the country, two separate educational systems have developed with little or no coordination—one system for regular or general education and a separate and distinct system for special education. This isolation and lack of coordination creates artificial barriers to achieving the promises of Part B of IDEA, the ADA, and Section 504 of the Rehabilitation Act of 1973. (U.S. Congress, 1993, p. 20)

Remedial and compensatory programs, such as Chapter 1 and programs for students with limited English proficiency, have also developed separate educational systems for serving eligible students. Like special education, these services frequently separate the students they serve from mainstream education, their age peers, and full participation in natural community environments. Eyler (1982) argues that certain students are, in effect, racially and economically segregated for significant portions of the school day because of pullout services for remedial or compensatory education. While limited pullout services are still widely used, a 1992 Chapter 1 implementation study showed that 62% of school districts are providing some integrated, or in-class, instruction.

The inclusion of students with special needs in neighborhood schools provides a direct incentive for parent involvement. For example, traditional categorical special education services have, for economic reasons, often transported groups of students from a single disability category to a central location where they can be served in a segregated, self-contained classroom. Such an arrangement makes family participation in planning for the individual child difficult, and families have little incentive to participate actively in broader advocacy and governance for a school that might be across town or in a different town. But, if a student who is deaf-blind attends her neighborhood school and is included in a broader range of school activities than just special education, her parents are far more likely to become in-

volved in the school as advocates, volunteers, and / or participants in school governance, supports, and assistance.

Early Childhood Education

When inclusive education is tied to fundamental shifts in the organization and governance of schools through school restructuring and integrated services, family participation may be qualitatively different. Two federal programs that provide services to young children with special needs, Head Start and PL 99-457, the Education of the Handicapped Act Amendments of 1986, may partially form the basis for a comprehensive redefinition of the family's role in education. Both Head Start and Part H of PL 99-457 acknowledge that families may need to hold dual roles, both providing and receiving the interventions that promote the development of young children.

Head Start, initiated under the Elementary and Secondary Education Act of 1965, was designed to promote the development and school-readiness of young children who live in poverty. Head Start services target preschool children, acknowledging that the development of cognitive, social, and linguistic skills is also facilitated or limited by the child's overall environment. Thus, when a child is served by Head Start, his or her family members receive interventions, such as training in nutrition and child care, as well as work-related skills. Families of children served by Head Start participate in both planning for their child and providing governance to the program.

Part H of PL 99-457, the 1986 amendments to PL 94-142, both consider the family integral to the successful development of young children. PL 99-457 mandates that services for children with disabilities be extended to encompass the preschool years, Part H of the Act provides incentives to states for serving infants and toddlers who have disabilities or are at risk for disabilities and their families.

Like Head Start, PL 99-457 views families as recipients of interventions as well as interventionists. Services for infants, toddlers, and young children with disabilities are somewhat unique as they empower families through transdisciplinary approaches to service planning and delivery. Effective services for young children with disabilities frequently necessitate collaboration among professionals from a variety of disciplines, and the challenges of intervening with an infant or toddler demand that professionals work closely with families and one another to minimize the psychological and physical demands on both the young child and the family. The family, of necessity, must be trained to participate in interventions with the young child. Thus, support to families may range from training a father or grandmother to stimulate language during feeding times to coordinating the services for an infant who needs intensive medical and cognitive interventions.

Formal communications between families and professionals under PL 99-457 are designed to empower families. Unlike PL 94-142, which provides

families with the opportunity to participate in development of the IEP, Part H of PL 99-457 allows for development of individualized family service plans (IFSP's). Ideally, the IEP planning process for elementary and secondary school children with disabilities involves collaboration with families to identify the child's learning needs and goals of the education program. However, the bureaucratic structure of schools is often replicated in IEP team meetings: School psychologists or building principals lead the meeting, educators provide well-prepared documentation of the child's learning difficulties and needs, and the parents only provide consent rather than information or alternatives. In the context of the IFSP, the parent's role as interventionist potentially legitimizes the family's participation as equal partners in the assessment and planning process. Furthermore, the IFSP allows families to participate in assessing their resources and needs for support and mandates coordination of the health, social welfare, and educational services, which may be necessary to support effective interventions for a young child with disabilities or at risk for disabilities.

While systems for implementation of PL 99-457 are still emerging, evolving models for family participation in the education of their children may be supported by family-focused and family-driven systems for serving young children. Parents who have participated in these systems may become vocal advocates for change in school–family relationships in the elementary and secondary school years.

NEW COMMUNITY SCHOOLS

These three significant processes of policy reform affect public education and families with children who have disabilities. But can these processes operate in relative isolation? Can there be effective inclusive education at a school site, for example, without school restructuring and/or without school-linked, services integration? Increasingly, the evidence contradicts this: The three processes belong together and are *interdependent* to a large extent. When all three processes are present at a particular school site, the *culture* of the school changes dramatically. This process is called the *New Community School*, which suggests that such schools offer a path to *empowerment* for family members of students with disabilities who attend the school (Sailor, 1996; Sailor & Skrtic, 1995).

The Emergence of New Community Schools

New Community Schools are not part of a franchise process, nor are they identified with any particular educational consultant, university, or other agency. The term is simply a name to describe school–community partnership arrangements that exhibit certain key processes. These processes include the following:

1. *School restructuring*—to emphasize team governance procedures with full resource infusion and management

2. *Inclusive education*—wherein children at the school are not treated categorically, nor grouped separately, on the basis of needing special assistance
3. *School-linked services integration*—conducted in accordance with a special school–community partnerships arrangement that has service coordination within the school for the child, and between the school and community for the child and family

The New Community School thus reflects each of these interdependent processes. First and foremost, it is a unified school. Special education support services at the school are fully integrated (as are their students) and coordinated so that each program benefits all of the students at the school, while still addressing the needs of children with disabilities.

Second, New Community Schools are governed in accordance with collaborative team processes that both empower and draw from family members of the children at the school. Services within the school are coordinated for children through single point-of-contact service coordinators functioning at the school site and participating on resource management teams; services are wrapped around children and families in the community through service coordination linkages between school and community.

Finally, through direct participation in community service integration councils, New Community Schools are integrally linked to emerging processes for the coordination and integration of all special assistance programs at the community level for children and families. The principal hallmark of the New Community School is its posture as one component in the web of community support systems available to children and families. As such, it performs its educational functions collaborating and in accordance with community health and social support systems (Melaville et al., 1993), empowering families to better cope with the stresses of a changing society, and equipping children to overcome the many factors that increasingly place them at risk for social problems and even disability.

Such schools really do exist in a number of states and communities (Kagan & Neville, 1993), and more are emerging all the time. The challenge for the immediate future is to move from the level of isolated, single school–university partnerships, to whole districts and even states. Two states, Indiana and West Virginia, have created state policy agendas to facilitate these kinds of efforts (Sugarman, 1994). Other states, such as California, Kentucky, and Vermont, have large-scale, statewide initiatives underway that are leading to New Community School types of arrangements. For families of children with disabilities, the potential for positive change and meaningful involvement is promising as the year 2000 approaches.

Chapter Review

CHALLENGES

- Schools are traditionally organized as standard services to deliver a standard product.
- Children with special concerns are peripheral to the basic mission of the school.
- Schools are not able to adapt quickly to changes in the student population, which are increasingly occurring.
- Educators and families operate in what they consider separate spheres of influence.
- Schools have not been preparing a work force for a postindustrial economy.
- Separate special education services divert parental focus from their neighborhood schools.

CHARACTERISTICS OF HELPFUL PROGRAMS

- Families participate as members of site-based governing councils for building-level policy making, serving as advocates, policy makers, and supporters of children's learning.
- Professionals learn new roles as collaborators with families.
- Effective programs provide school-based linkage services that are prevention oriented to an array of social services that include specialized services.
- Children and families are the central concern of school-linked services, not the agencies that provide the services.
- Every student is assigned to a general education classroom, and services and resources are decategorized.
- Care is taken to recruit and include parents representing a diversity of cultures, disabilities, and economic statuses.

POLICY IMPLICATIONS

- New Community Schools should be created, incorporating the following three major reforms:

    1. School restructuring to transfer power to site-based management teams that empower building-level administrators, teachers, and parents

2. Inclusive education to serve all children in age-appropriate, general classrooms with necessary accommodations and supports to meet the educational needs of all children.
3. School-linked services integration to bring diverse social services together in the school and provide coordinated team planning to meet family and child concerns.

- New Community Schools should coordinate services for all children through single point-of-contact service coordinators at the school site.

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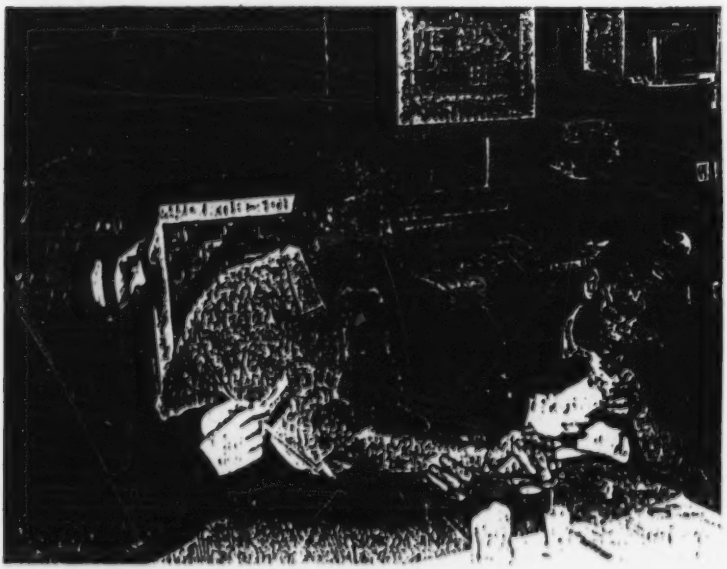
8

New Structures and Systems Change for Comprehensive Positive Behavioral Support

Wayne Sailor



The focus of this chapter is positive behavioral support for persons with severe behavior disorders in inclusive settings. I argue here that the task of including children, youth, and adults who have se-

vere behavior disorders into the everyday settings of school, community, and work, even given the extensive technology of positive behavioral support that has emerged in just the past few years, and which is largely reviewed elsewhere in this book, is daunting indeed. I argue further that, beyond isolated examples and demonstrations, widespread inclusionary practices with this population are unlikely to occur unless positive behavioral supports are fully identified with, and are an integral part of, the systems transformation processes described here. The proverb "it takes a whole village to raise a child" was never truer than when applied to a child who has severe behavior disorders. The chapter begins with a look at some brief, historical benchmarks in the history of managing difficult behavior and then moves to a discussion of paradigmatic issues in philosophy that arguably inform current directions in both inclusion and behavior management practices. The remainder of this chapter is about the processes under which "villages" are reinventing the way they respond to the special support needs of children and families so that inclusion can become a reality for all.

Prior to 1985, the rubric for affecting change in the contextual circumstances of people with severe behavior disorders was *deinstitutionalization*. The present rubric is *inclusion*. There are still institutions, however, and behavioral scientists who argue for a continued need for aversives in behavior management (Mulick, 1994); yet the trend in the bulk of scientific endeavor on this issue has clearly shifted to a broader-based analysis appropriate to a more complex set of social circumstances (see, e.g., Carr et al., 1994; Horner, Sprague, & Flannery, 1993; Schroeder, Oldenquist, & Rojahn, 1990).

In an earlier paper (Sailor, Goetz, Anderson, Hunt, & Gee, 1988), I and my colleagues argued a case for research and development in a broader, more community- and lifestyle-focused arena for the teaching of new adaptive and generalizable skills to persons with severe intellectual and behavior disorders. Developing a framework we called *context relevance theory*, we suggested that outcomes for such students, clients, and so on could be referenced against a set of criteria that had application in a wider social context. The criteria are the following:

1. **Utility:** Do the outcomes produce something useful to the person?
2. **Desirability:** Are the outcomes those the person would likely choose for himself/herself from an array of choices?
3. **Social:** Are the outcomes the product of interactions with persons other than paid support staff?
4. **Situational:** Are the outcomes developed in the context in which they have applicability (versus simulated contexts)?
5. **Practicality:** Are the outcomes likely to be practiced by the person in real situations?

6. **Appropriateness:** Are the outcomes age appropriate and likely to enhance the person's emergence into less dependent and more integrated circumstances?
7. **Adaptability:** Do the outcomes have a problem-solving component that allows the person to extend beyond the specific "topographical" configurations under which learning occurred? (Sailor et al., 1988, pp. 68–69)

In a similar vein, Schroeder et al. (1990) concluded a review of considerations in determining the effectiveness and humaneness of behavioral interventions in the broader social context by endorsing the 13 principles put forward by Horner et al. (1990) for development of a "community-referenced behavioral technology." These (in title only) are "Ethical Behavioral Procedures; Effective Technology; Marriage of Values and Technology; High Methodological Rigor; Address the Most Severe Behavior Problems; Community-Focused; Comprehensive Technology; Practical Procedures; National Consensus; Focus on Student Lifestyle; Interdisciplinary Collaboration; Consumer Involvement; and Social Ecological Adaptation" (Horner et al. as cited in Schroeder et al., 1990, pp. 114–115).

Schroeder et al. (1990) added a thirteenth consideration to the list that helps to illustrate the process of integration of values into a changing context of scientific endeavor. The thirteenth principle, Social Ecological Adaptation, states that "behavioral techniques should reflect the social ecology of a particular community in terms of accessibility, continuity, resource networking, cultural and ethnic specificity, and respect for religious, racial and social values" (Schroeder et al., 1990, p. 115).

Much has been written on the topic of aversive versus nonaversive behavioral intervention methods (e.g., Repp & Singh, 1990). In retrospect, the year 1990 seems now to serve as a temporal landmark for a change of focus as regards a significant historical problem in psychology—the humane and ethical treatment of severe behavior disorder. As Carr, Robinson, and Palumbo (1990) reason, circumstances of social context now dictate that a move is in order away from a technology of crisis management and toward a broader analysis of functional treatments that can avert crises before the need for intrusive interventions arises.

CONTEXTUALISM IN POSITIVE BEHAVIORAL SUPPORT

Schroeder et al. (1990) argue that systems of behavioral interventions are greatly dependent upon the *environmental context* in which they are performed. These authors, building upon a framework for community-referenced behavioral technology (Horner et al., 1990), conclude that a changing context for applications of intervention technologies dictates a

joining of ethical and scientific sources of knowledge in the application of interventions. Furthermore, Carr et al. (1990), Carr and Sailor (1994), and Sailor and Carr (1994) argue that the question of aversives versus nonaversives, in light of present contextual circumstances affecting people with severe behavior disorders, is indeed the wrong question. The right question in the light of present demands for new, applicable knowledge from behavioral/social scientists is—what are the requirements for a technology of behavioral support in the context of a reasonable lifestyle (Horner et al., 1993)?

In retrospect it should surprise no one that a technology for the management of severe behavior disorders emerged prior to 1985 that was heavily intrusive at best and strongly aversive at its worst. The social context for the scientific bases for behavior management was for the most part isolated and self-contained. There were usually more clients in need of behavioral support (or management) than there were staff deemed qualified to provide treatment, and the result was a technology of crisis management (Carr et al., 1990).

As is so often the case in the history of academic controversies, the lens has shifted focus from a micro-analysis (aversives, such as the use of punishers, vs. nonaversive technologies, such as interventions growing out of functional assessments) to a more macro-picture (lifestyle in community settings, curriculum in school settings, etc.). Viewed in the broader context, the earlier controversy seems trite and irrelevant, yet the change in focus, to belabor the lens metaphor a bit more, could not have occurred without the passage of time and the corresponding changes in social circumstances affecting people with behavior disorders, such as the agendas for inclusion (Sailor & Skrtic, 1995), full citizenship (Turnbull & Turnbull, 1990), and supported living that have occurred just since the mid-1980s (e.g., see Kaiser, Chapter 7).

It is probably safe now to conclude that a general consensus has been reached on the need to concentrate resources and effort on the development of a community-referenced technology of behavioral support geared to participation in a broad social context and to lifestyle changes in scope and applicability. The emphasis on inclusion alone is sufficient to tax the bulk of available resource development systems. Horner, Diemer, and Brazeau (1992), for example, reported that the single most common technical assistance request from teachers and adult services personnel is increasingly for "managing problem behaviors." But while there is a growing consensus on the social and contextual demands for an emergent technology of behavioral support, there is no consensus whatever on the best approach for the development of this technology (or whether it should even be considered a technology at all).

FUNCTIONALISM VERSUS INTERPRETIVISM

While it is becoming increasingly unfashionable (and unnecessary) to challenge behavioral psychologists on the issue of aversives (Carr et al., 1990; Carr & Sailor, 1994), there now appears to be a corresponding shift of focus (the lens metaphor again) to challenges to the very premise of psychology as a science in general (Evans, 1993; Hoshmand & Polkinghorne, 1992; Meyer & Evans, 1993). Meyer and Evans (1993) mount the "postmodern" perspective on community-referenced, positive behavioral support by arguing that "human behavior does not necessarily follow the same law-like relationships that were believed to be universally evident in the physical world" (p. 232). They cite the contributions of the philosopher Habermas (Ewert, 1991) to argue the case for *constructivism* (i.e., "qualitative research" methods) as the appropriate process of science in addressing the social needs of persons requiring special supports. Meyer and Evans (1993) argue that nothing less than a "major paradigm crisis" (p. 224) is under way in the social sciences and that the direction is away from functionalism (or *positivism*, as an outgrowth of British associationistic philosophy) and toward interpretivism (or *constructivism*, as an outgrowth of the German philosophical tradition).

Although not particularly explicit in the article, the general tone of the Meyer and Evans piece seems to equate the development of aversive technologies in behavioral science with the broader shortcomings of functionalistic (e.g., Neutonian, linear) science. The reader is left with the impression that, because of their outdated, "modern," functionalist paradigm, behavioral scientists evolved draconian methods with which to control the behavior of persons with disabilities. By this reasoning, a new paradigm, the "postmodern" agenda, is emerging with interpretivistic methods of science at the cutting edge. This paradigm, say Meyer and Evans, is not only more humanistic but much better suited to the study of human problems in general (e.g., Ewert, 1991). So having resolved (to a large degree) one controversy we are mired in a new one, and at a significantly more "macro" level of analysis.

The Meyer and Evans (1993) piece drew immediate response (see Baer, 1993; Ferguson & Ferguson, 1993; Kaiser, 1993; Morris, 1993). Of the various rebuttals, two are relevant to the present discussion. First, Ferguson and Ferguson (1993) point to the need to distinguish between methods and paradigms. Qualitative research methods, for example, need not be exclusively identified with interpretivism and can, in fact, be incorporated into positivistic (functionalist) strategies of scientific investigation (e.g., Lucyshyn & Albin, 1993). While Ferguson and Ferguson (1993) would prefer to retain a clear distinction between functionalist and

interpretivist paradigms, they point out that Meyer and Evans have misinterpreted Skrtic's (1991a, 1991b) perspective as one of support for an interpretivist paradigm in science. Skrtic (1991a, 1991b) argues that the postmodernist agenda is, in fact, antiparadigmatic, in that all paradigms are grounded in certain assumptions that can always be challenged. Postmodernism offers the possibility of a science of constructivism wherein scientists/practitioners proceed on the basis of building a foundation of knowledge from a premise of pragmatism (Dewey, 1982; Rorty, 1991a, 1991b), or *what works* in the service of humanity (Sailor & Skrtic, 1995).

The second rebuttal to Meyer and Evans (1993) of interest here is that by Morris (1993). Morris equates postmodernism with poststructuralism (Day, 1988; Dougher, 1993), or the shift from mechanism to contextualism (Goerner, 1994; Pepper, 1946). Morris (1993) argues that there is indeed such a thing as postmodern applied behavior analysis and that its values are at least as humanistic as those that characterize interpretivistic science (see also, Fawcett, 1991).

In short, it would appear that there really are not good guys or bad guys in this debate, but simply a changing ethos characterized by more complexity and requiring more dynamic and systematic (less mechanistic) levels of analysis and intervention. It is the thesis of this chapter that we are indeed entering an era of postmodern thought and that the metaphorical lens is beginning to turn yet again, bringing into focus an even more complex agenda for those concerned with positive behavioral support, namely the agenda for comprehensive systems change at all levels of school and community services for those who require special assistance in order to be fully included.

POSTMODERNISM: COLLABORATION AND VOICE AS HALLMARKS OF PARADIGMATIC CHANGE

Tom Skrtic and I argue elsewhere (Sailor & Skrtic, 1995) that present transformations in public policy affecting schools and school–community partnerships can best be understood in terms of their linkages to broader-based transformations affecting virtually all human endeavors and contemporary bases for knowledge (Derrida, 1976; Searle, 1983). If this analysis has merit, then the implications for scientists and practitioners advancing an agenda for positive behavioral support in inclusive circumstances call for very large-scale, systems-analytic levels of analysis indeed. At the very least, scientists/practitioners must consider the relationships among systems change processes occurring in schools and those occurring across community-based service systems for clients with severe behavior disorders. This relationship is examined in a later section under the rubric *New Community School*.

Space limitations of this chapter do not permit an adequate discussion of the philosophical issues that surround the concept of postmodernism. Readers interested in pursuing this broader topic in some depth, particularly in its implications for social sciences and education, should see Goerner (1994), Paul, Yang, Adiegbola and Morse (1995), Rhodes, Danforth, and Smith (1995), Skrtic (1991a, 1991b), and Sailor and Skrtic (1995).

Postmodernism in essence rejects the cognitive-rational basis for knowledge. Against this philosophical backdrop, what then is there to guide epistemology, the basis for scientific investigations? One very suitable answer can be found in pragmatism (Dewey, 1982, 1990; James, 1948). In pragmatism, the basis for knowledge shifts from discovering facts to problem solving (Rowland, in press; Sailor & Skrtic, 1995). Ideas approach the status of truths to the extent that they serve purposes in the interests of humanity. The use of interpretivistic research methods advances this process by helping investigators to understand how participants in evolving complex systems contextualize their social reality (make sense of circumstances). Interventionists, operating with systems-analytic models can then facilitate recontextualization (help to frame alternative understandings) as a means to effect change (Kelly & Maynard-Moody, 1993).

Kuhn (1970), in his now classic piece on the structures of paradigm-level changes in science and their effects, noted that when paradigms change, whole definitions of "reality" change. Sailor and Skrtic (1995) note that the major transformational processes that can be identified in school restructuring and in health and social services reform have their counterpart processes in such diverse areas as women's studies (Riger, 1992), rhetoric (Rowland, in press), psychology (Sampson, 1993), and education (Rhodes et al., 1995). Two processes that can be readily identified across reform efforts in all of these fields, and which are uniquely postmodern and can be viewed as hallmarks of a paradigmatic shift, are those described variously as *collaboration* and *voice*.

If pragmatic, social constructivism through discourse is the means for a new foundational basis for knowledge under postmodernism, then voice, the progenitor of discourse, is at the heart of the process and provides a means for social change. Voice, for example, in the case of women's issues refers to legitimization of a socially constructed body of knowledge that is reflected in the discourse of the women who advance a reform agenda. This is in contradistinction to the response of modern social systems, arguably male dominated, in reacting to newly emerging concerns of women within the boundaries of existing categorical, social structures and their traditional mechanisms of support.

An interesting example of voice from the field of disability can be found in a novel person-centered planning approach called Group Action

Planning (GAP) (Turnbull, Turnbull, Shank, & Leal, 1995). A problem-solving group forms under this method to address the issue of fully including a student with severe behavior disorders in the life of a high school. Family members and professionals may be included in the group, but for the most part, membership consists of the person with the disability and his or her peers at the school. Through discourse, the student with disabilities comes to be better able to express his or her preferences and make choices from among alternatives. The course of the plan for the inclusion and education of the student is thus guided by a process that empowers the student with disabilities to structure his or her support through group participation and discourse.

The related issue of collaboration has to do with recognition of interdependency in social constructivism. Collaborative processes can be observed, for example, in education when challenges presented by voice issues in policy reform, such as inclusion, are responded to by a shift in decision authority away from traditional (modern) hierarchical structures (i.e., principal, school psychologist, special education administrator) and toward transdisciplinary, team-governed processes. When empowerment becomes legitimate, then authority tends to shift toward veridicality, or a more "truthful" representation arising from mutuality. Voice and collaboration are thus interdependent processes that emerge in a postmodern transformational agenda.

One can view these interdependent processes as well from the reverse direction. Again using the emergent issue of inclusion as a case in point, collaboration can be viewed as a force propelling the social policy reform process along. Parents, diverse professionals, and other staff come together at the school site in problem-solving team arrangements (what Skrtic, 1991a, refers to as *adhocratic* as opposed to *bureaucratic* structures) to facilitate inclusive education. The basis for the collaboration is voice or the legitimization of perspective of each of the participants independent of his or her preassigned structural role (e.g., parent versus professional) or his or her categorical identity (e.g., paraprofessional versus speech therapist). The product of these processes of collaboration and voice is a socially constructed basis for the conduct of inclusive education. Without collaboration and voice it is doubtful that such a rigid and complex system could adapt to the demands posed by so radical a change as inclusive education.

The modern alternative processes to collaboration and voice can be viewed as *cooperation* and *hierarchical decision making*. Rather than problem solving as a basis for discourse, the focus is upon exploring ways to adapt existing fragmented, piecemeal, and rigidly categorical structures to accommodate to radical change of venue in the context of hierarchical authority. The family is viewed as a stressor to which the system must adapt or respond with adversity. No one "worker bee" (i.e., teacher) wants to be

perceived as an element in a process of failure should things go wrong because of the demands of hierarchical authority. As a result, school personnel may, from the positions of their respective categorical identities, agree to cooperate in the interests of attempting inclusion, but the effort is likely to be tentative; as low risk as possible; and piecemeal rather than tied to substantive, systemic change. If one of the children to be included happens to be characterized by a severe behavior disorder, the process is likely to turn to adversity as an alternative to systems change.

Thus far, I have argued that the earlier debate in the literature of behavioral support on aversives versus nonaversives was a micro-focused discourse reflecting the response of modern structures to demands for significant social change implicit in outcomes of deinstitutionalization and integration processes. Furthermore, I suggested that debate at present is more reflective of the large-scale, epistemological implications growing out of the recognition that transformations requiring a technology of positive behavioral support are occurring at broad-based levels of systems change across all human services structures. Finally, I reasoned that these changes may be viewed as parts of a much broader and more significant set of transformational processes that cut across all aspects of human endeavor. These latter processes, referred to as the emergence of the postmodern world view, have elements in common that may be useful to scientists/practitioners with an interest in positive behavioral support. Two of these interdependent processes, collaboration and voice, afford a useful context in which to view potential points of intervention of a systems change nature, to accomplish positive behavioral support in the service of inclusion. These two processes are discussed in the following section in terms of school reform.

NEW COMMUNITY SCHOOL

The term *New Community School* is used as a rubric, not as the title for any particular approach to school reform. We use the term to describe schools that are full participants in and directly affected by three different, but highly interdependent, processes of public policy reform affecting children and families (Sailor, 1994a, 1994b; Sailor, Kleinhammer-Tramill, Skrtic, & Oas, 1996; Sailor & Skrtic, 1995). The term, as I describe in the pages to follow, encompasses more than a school but reaches beyond, and describes policy changes that affect services to children and families in the community of which the school is a part.

The New Community School rubric encompasses three public policy transformation processes at present: 1) special education reform, as a special case of school reform; 2) general education reform; and 3) community-based human assistance program reform, including school-community

partnership arrangements. Transformational processes operating at the level of community human assistance programs can be referred to generically as *school-linked, services integration* efforts (Kagan & Neville, 1993). Much of the impetus for this reform effort, which began in the early 1970s and has only now begun to swing into full force, arose from the observations of educators and other human services professionals that if children whose basic needs for shelter; for love and family or caregiver support; for nutrition, health care, and so on, are not met, those children cannot realize their learning potential from public education and indeed, in many cases, cannot benefit from school at all. Our *modern* systems of public assistance and support are not working because conditions of children are worsening, and the support service systems are growing prohibitively expensive and cannot continue to be maintained in the absence of encouraging outcomes. Children with disabilities are included in this group, but the circumstances described here extend beyond that population, to children of poverty and those affected by other adverse circumstances.

The fragmentation and disconnectedness that characterizes community human resource service systems also characterize modern schools. When the *school excellence* movement of the 1980s produced positive gains for high-achieving students but largely ignored those at risk for a variety of academic and social ills (Elmore, 1988), a second wave of school reform, generically called *school restructuring*, emerged as a kind of "bottom-up," grass roots initiative, with outcomes geared to *all* children and with full participation by families.

Finally, the term *inclusive education* is emerging as the generic descriptor for policy reform in federal, categorical programs such as special education, limited English proficiency, Chapter programs (e.g., Title I), and so on. While these reform processes are operating in all categorical, educational support programs to varying extents, special education is presently the most strongly affected (National Association of State Boards of Education [NASBE], 1992). Recognizing that schools have become analogous to apartment houses with the individual apartments divided against themselves, many educators are increasingly viewing inclusive education as one strategem with which to begin a process of reunification of public education (Sage & Burrello, 1994; Sailor & Skrtic, 1995).

Each of these policy reform efforts taken alone will facilitate an agenda for the inclusion of students with severe behavior disorders with appropriate, positive supports. However, there is increasing evidence that none of the three reform processes can complete an agenda for transformation in the absence of progress in the other two (Sailor et al., 1996). In other words, the processes are *interdependent*. In my view, the

processes are interdependent because much of the variance in their common loci of change is referenced to much larger change processes, described earlier in this chapter as the shift from modern to postmodern structures (Sailor & Skrtic, 1995; see also, Paul & Rosselli, 1995; Rhodes et al., 1995).

If the concepts of *voice* and *collaboration* are indeed characteristics of postmodern human assistance structures, then evidence for the interdependence of the three policy reform processes can be gleaned from a closer examination of each of the three processes in evolution. Voice and collaboration characterize forms representing each process at some stage in its evolution.

Consider educational reform. The core of the present school restructuring agenda is site management, a team-driven governance process that roughly parallels the reforms described as *total quality management* (TQM) when viewed from the standpoint of business and industry. In business, the voice of the workers finds expression in management through group, participatory decision making. In schools, school site councils or teams, often including parents, manage schools at the building level, a process that stands in sharp distinction to traditional, modern school structures as rigid bureaucracies run according to the dictates of the central district office (Skrtic, 1991a, 1991b).

Similarly, processes that include more integrated curriculum and decentralized instruction promote and encourage more active student involvement in the learning process, including the selection and determination from among options, that which will be taught. Giving voice to students empowers them in the active process of their education. Similar processes are at work in school reform efforts to involve parents more effectively in public education and to present them with active choices in teaching their children.

The second hallmark of postmodern human services systems, collaboration, can also be found at the heart of all three reform processes. Team-driven processes that respect professional competence yet de-emphasize specific disciplinary authority and turf issues; that promote and value diversity; and that enhance role release and participation in group rather than in isolated, professionally determined ways can be detected in each reform process. Cooperative group processes are modern because they retain differential, categorical role differentiations; separate budgets; and so forth and evolve into collaborative processes. They are postmodern because each participant is regarded as an equal contributor, and funds respective to each "department" are pooled in a common problem-solving agenda when human services transformations are in full swing (Kagan & Neville, 1993).

SCHOOL-LINKED SERVICES INTEGRATION

Services Integration History

The history of efforts to integrate human assistance service programs dates all the way back to the 18th century in America, yet implementation strategies have always fallen victim to strong forces in the American capitalist economic structure toward concentration of resources in the hands of a few. Pluralistic management of public redistributive resources has not enjoyed public support until very recently (Crowson & Boyd, 1993; Kagan & Neville, 1993). Although the current "wave" of services integration initiatives can be traced to federal planning and development efforts in the 1960s (Kagan & Neville, 1993), current activities, such as the Healthy Start initiative in California and the administrative mechanism for consolidated state plans for services in Indiana and West Virginia, are being touted as novel approaches to providing services in a cost-effective manner.

Local (community-level) efforts to capture control of human assistance resources certainly have roots in the rapid escalation of service need costs and in the intensity of community problems, such as the plight of children's health care, the escalating rise in numbers of poor families with no health insurance, and the rising tide of violence in American schools and neighborhoods. The recent failure of the federal government to enact comprehensive health care reform in the face of a growing crisis in health management is helping to drive the process by concentrating efforts at solutions at the state and city levels. State legislatures are increasingly casting about for examples of local solutions that may have implications for state human services transformation policy ("Strategic Partnership," 1994). "Managed care," for example, is one forum of health care resource management at the local level that is getting a lot of scrutiny by reform-minded states. Where efforts are under way to improve the delivery of health, education, and social welfare services to children and families through local-council–driven services integration arrangements that include family services plans of one sort or another, the concept of health care management as a part of the process becomes viable. The problems of equitability across all consumers and the nature of the "gatekeeping" systems, will, of course, continue to present formidable challenges.

Those wishing to acquire further knowledge of the complex processes of transformation that make up the services integration movement would do well to examine at least Kagan and Neville (1993), Melaville and Blank (1991), and Packard Foundation (1992). Taken together, these three works present a remarkably coherent view of one of the largest and most significant policy transformation agendas in the history of the United States.

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The services integration movement began in earnest as a *prevention* agenda, aimed at services reforms affecting the lives of children and their families. More recently, however, the focus has shifted beyond childhood and is finding affinity with broad-based, neighborhood revitalization programs such as those embodied in the Clinton administration's "empowerment zone" legislation (e.g., "Strategic partnership for urban revitalization," 1994). While services integration is primarily a reform agenda targeted to community health and social welfare support programs, its early linkages with schools emerged out of the recognition that these systems needed first to become more responsive to the needs and concerns of children and families. For this to occur, revitalization of health and social services delivery systems is necessary, if not at school sites, then at least in close proximity to and in conjunction with individual schools (Kirst, 1992).

By linking with schools (and ultimately with school reform processes), the services integration movement affords a mechanism to more effectively address the factors that place children at risk for educational failure and chronic dependency upon human assistance programs, namely, hunger, poverty, abuse, neglect, physical and emotional disorders, and so forth. It accomplishes this by effecting a single point of contact for the consumer of services, that is, the family (in whatever form). These *family resource centers*, as they are coming to be known, are often located on school campuses (Sailor, 1994a) or are located in neighborhoods served by the school and usually in close proximity to the school (Crowson & Boyd, 1993; Kirst, 1992). Table 1 presents key components of school-linked, integrated services models described in this section.

Need for Integration of Services

Services integration at this point in U.S. history is rapidly becoming imperative rather than simply desirable. First, the condition of children as a

Table 1. Key components of school-linked, integrated services models

- Family-focused, consumer-driven social/health/education service provision
- Coordinated service provision through the Community Service Coordination Council
- Eligible clients identified through school screening and referral processes
- "Case management" through school-based service coordinators responsible to the Community Service Coordination Council
- All agency funding for identified clients administered through Community Service Coordination Council
- Flexible funding for problem-solving approaches as alternative to expensive services that may be unnecessary
- Service coordinators members of school site resource management team

From Sailor, W. (1994). New community schools: Issues for families in three streams of reform. *Coalition Quarterly, 11*(3), 11–13; reprinted by permission.

class in the United States is worsening (Morrill & Gerry, 1990). The situation is aggravated by factors such as lack of education, cultural isolation, poverty, non–English-speaking status, and so forth, that prevent many families from even using services to which they have an entitlement ("New beginnings," 1990). Second, statistics on child abuse, housing, income supports, and so on, are continuing to indicate that levels of support for children are actually declining at the same time that costs of the supports are rising (Kirst, 1989, 1992). Because the human assistance service system structure is rigidly categorical, many children and families fail to qualify, under eligibility requirements, for services they desperately need (Morrill & Gerry, 1990).

Families that are in poverty find themselves led by the social welfare system into a pattern of "learned helplessness" (Seligman, 1975), wherein needed assistance is provided only when the family exhibits the pattern of pathology required to be eligible for the service. Overworked "case managers" further demean self-respect with attitudes of blame and impatience, often following long periods of waiting, and so on. Families of children with disabilities, such as severe behavior disorders, feel these patterns of service adversity acutely (Turnbull, Ruef, & Reeves, 1993). Their children are unwelcome almost anywhere. Simply finding a dentist who will look after their child's dental needs may consume an inordinate amount of time and resources.

Because human services support systems are separate, categorical, and almost always noncooperating, even within a single community, families with multiple support needs (e.g., poverty and disability) often find themselves confronting multiple case managers. Because each service has its own confidentiality requirements and database, these services do not share information on clients with one another. Families as a result fill out endless forms for each service and undergo time-consuming, if not demeaning, interviews at different physical locations within the same community. Frequently, the attainment of eligibility for one service results in a determination of ineligibility for another service, even though both are needed. For example, a single parent's sole income is from cleaning houses across town while her youngest children are cared for under a respite eligibility. When the local bus company eliminates the route across town, the woman loses both her income and her eligibility for respite care. Finally, families often find themselves with a need for special assistance in an area where there is no pertinent service.

"Wrap-Around" Services: A Fully Integrated Services Arrangement

The school-linked, services integration agenda affords a ready solution to these kinds of problems. The available human support services systems

in a community are brought together in a fully integrated arrangement, and their individual services and supports are "wrapped around" the client through a single-point-of-contact mechanism. Under this arrangement such systems as public education, community health, mental health, employment development, business/industry, social welfare, parks and recreation, the judicial authority, housing supports, the clergy, early childhood programs, gerontological programs, and so on, are fitted to the needs of individual families, often through the auspices of a family resource center at or near a school (see Case Study 8.1).

Taking services to the client rather than requesting the client to come to each agency requires an extraordinary transformation in the way that most bureaucratically organized categorical service systems typically operate. When services integration mechanisms are at an advanced phase of the transformation process, funding for services becomes tailored to actual need, rather than geared to categorical eligibility, and flexible funding becomes possible in order to address needs for which no service exists (Melaville & Blank, 1991). Under these arrangements, there is no wasteful duplication of services (e.g., vocational education in school, vocational training through developmental disabilities services after school) on the one hand, and no children "fall through the cracks" because of a lack of needed services in a particular community, on the other.

Services integration mechanisms replace the older "case management" models with a single *service coordinator* (sometimes called a *family advocate*). The task of the family advocate is to assist the family, through the provision of information as well as analysis of need, to select those services that they need from an array of choices. Services are then provided on or near the contact site in accordance with the specifications in a *family services plan* to which the family member(s) actively contribute through their participation.

Such school-linked, services integration mechanisms are *prevention* focused, rather than crisis oriented, and begin at the level of neonatology and extend through the period of transition from school to work and adult status. Increasingly, such programs are geared for support throughout the person's life span. The emphasis in such arrangements is on the delivery of needed services with actual support recipient outcomes as evaluative indicators of progress and success, rather than on the dictates of the categorical service delivery system and its eligibility "gatekeeping" functions. Such service transformations are simultaneously geared to the culture and makeup of the community in the process of becoming a source of strength and assistance to the community (Gerry & Certo, 1992). When flexible funding becomes possible under such arrangements, the service systems become problem-solving focused rather than wholly con-

cerned with categorical definitions of needs. When human assistance needs are met through collaborative, problem-solving "adhocracies" (Skrtic, 1991a), then the process of *reinventing government* (Sailor & Skrtic, 1995) at the local level begins to get under way. For example, pilot projects in New Jersey and New York have reportedly turned up examples of up to 29% of all assistance support dollars in a community spent under flexible funding arrangements rather than in accordance with existing categorical services.

As one might expect, such a radical transformation process is not easy to accomplish. In the modern period, when categorical services and their bureaucracies were at their zenith, say 1975, such sweeping changes would have been almost impossible. Pooled or flexible funding, use of which is partly at the discretion of the consumer family itself, would have been nearly unthinkable. But with the beginning of the advent of the postmodern era, collaboration and voice, the processes that help to drive fully integrated services arrangements, are increasingly in evidence. In California, for example, SB820, the Healthy Start initiative, required local community councils, empowered and funded under the legislation, to begin the transformation to services integration arrangements to comprise equal numbers of agency service provider representatives and consumers. Consumer empowerment in California is a critical part of the legislated transformation agenda. Healthy Start proceeds as if the state of California has offered its human services bureaucracies a vote of no confidence and was instead suggesting to people in circumstances of poverty, disability, poor health, non–English-speaking newcomers, and so on, "Here, take the money, and by forming partnerships with rank and file service providers in your community, invent something at the local level that will work for you."

Case Study 8.1. Ricky

Ricky is a sociable, dark-haired 9-year-old, one of four children born to a Spanish-speaking, migrant farm worker's family in California. Ricky was born prematurely and sustained serious complications following birth. He has developmental disabilities (described as severe mental retardation) and serious behavior disorders, including episodes of self-destructive behavior and violence toward property and other children. Most of the time, however, Ricky is pleasant, sociable, and attentive. Ricky's family has now lived for 1 year in a northern California community that operates New Community School–type programs at the elementary and middle school levels.

(continued)

Case Study 8.1. Ricky *(continued)*

Prior to moving to their new community, Ricky's family lived in a town in the San Joaquin Valley in central California. There, Ricky was placed by the County Office of Education in a separate school for children with severe disabilities called a "Development Center for the Handicapped." It was there that Ricky "developed" some of the more extreme forms of his aberrant behavior patterns.

Services available to Ricky's family in the central California town were few and inadequate. The school offered no after-school programs and no advice to the family on how to look after Ricky at home and in the community. Because of Ricky's worsening condition, one regional caseworker from the developmental disabilities service agency recommended an evaluation for institutional placement, an option that Ricky's mother would not consider. When the same agency responded to its own budget problems by withdrawing respite care support for Ricky's family, the family made the decision to relocate.

Things are very different for Ricky's family in their new community. When Ricky's mother went to the County Office of Education to register Ricky for school, she was told that she would be contacted by a family advocate from the neighborhood school where two of her other children were to enroll. In the previous community, the local school had refused to even evaluate Ricky for placement. The family advocate visited Ricky and his family at home and explained that Ricky could not only attend the neighborhood school if that was what his family wished, but that he would have a regular third-grade placement.

During Ricky's school evaluation, his mother was invited to attend a family support group session at the school's family resource center. This session, which was conducted in Spanish by the school psychologist and a public health nurse, included seeking advice from Ricky's parents on ways that the school could support them for in-home care needs.

As a result of Ricky's evaluation and his mother's involvement at the school, Ricky had an individualized education program (IEP) designed for him that called for a positive behavioral support program that operated under a cooperative arrangement among the school staff, the community parks and recreation department, and the family at home. Ricky's IEP was embedded in a more compre-

(continued)

Case Study 8.1. Ricky *(continued)*

hensive family services plan (FSP), approved by the Community Integrated Services Coordination Council, that provided assistance to Ricky's family from a variety of community support services including services available through the school. The FSP was, furthermore, a product of problem-solving sessions that included school staff in addition to the family advocate. The family was able to select resources to meet their needs from an array of support service choices.

Program evaluation data from Ricky's family 1 year after relocation to the new community are suggestive of a significant improvement in the family members' perceptions of the adequacy of the community support services. Ricky's behavior disorders abated over the course of 1 year to the extent that he was able to sustain general classroom participation for up to 80% of the school day. Ricky made friends among his peers without disabilities, was taught a picture booklet-assisted communication aid that enabled him to interact socially with his peers, and was fully included in all school activities. Ricky's mother was so taken with the overall program that she eventually enrolled in a training program so that she herself could become a family advocate.

Exploring the Outcomes of School-Linked Services Integration

What made the critical differences in these two communities in response to Ricky and his family (Case Study 8.1)? Both communities had large, Spanish-speaking populations, yet service providers in the first community never attempted to communicate with Ricky's mother in her native language. Economic considerations cannot account for the differences because, if anything, the northern California county had a lower tax base and fewer resources overall than the central county. Finally, Ricky's family's total income declined upon relocating in the north.

The differences experienced by Ricky and his family are attributable to the outcomes of a series of very substantive transformations that the northern California community has undergone in just the past few years in its human assistance services support structure. The northern community, with start-up assistance from a state Healthy Start grant, had developed a school-linked, integrated services model that included a school–community partnership arrangement, restructured school processes, and a family resource center at the school. Inclusive education was embedded in the school restructuring agenda, so that it was not an isolated attempt at reform within special education, but was part of a broad

school unification process that was comprehensive across the entire school (and now progressing districtwide).

One outcome of this transformation is that the school hums with teamwork. Governance at the school is effected with an interactive arrangement that includes the principal and a site management team (called a *site resource management team*) consisting of teachers (both general education and support program), school staff (whoever was willing to put in the time), allied health support personnel (e.g., therapists), and family members of children with and without disabilities. The role of the team is to allocate and distribute resources to the school (see later section, Site-Based Management, for more information). Family advocates on the site team are fully familiar with the specialized resource supports to individual students for whom they broker and arrange services within the community. It is this process of within school and school–community services coordination and integration that leads to the possibility of a comprehensive FSP. This plan allows all supports needed by Ricky and his family to "wrap around" the family, rather than requiring the family to seek out each agency. Only one set of forms is filled out, and the family only interacts with one person (the family advocate) for all aspects of the FSP development. Most of the actual supports, including health care, are delivered through the family resource center at the school.

Overcoming Barriers to Services Integration

In order for the northern California community to evolve such a unique, flexible, and efficient system of human assistance supports it had to overcome some very formidable obstacles. Other communities in California and elsewhere have yet to assume the challenges that this community did in developing school-linked integrated services, but increasingly there are incentives to do so, and more communities are coming on-line each year.

Some of the more formidable barriers to services integration include the following:

- *Discrete, categorical service programs:* Congress addresses problems by authorizing a program and seeking an appropriation with which to start it up. These programs are usually geared to specific social problems (e.g., teen pregnancy, drug abuse) and address no other problems. Each such program has its discreet eligibility requirements, forms, place of access, caseworkers, and so forth. Various other closely related programs do not coordinate with or share databases with one another.
- *Confidentiality:* Authorizations are administered through agency bureaucracies (e.g., U.S. Department of Health and Human Services). Each subagency has its own confidentiality guidelines and maintains a separate database on its consumers. Because each has a policy of

nonsharing with other agencies (in the interests of "consumer protection"), it is nearly impossible to coordinate services to a single family (or client) across several agencies. Each agency will have "case managers" who will treat clients as cases who need to be managed. These do not correspond or communicate with one another. None of the case managers can inform clients, in most situations, about programs operating outside of their agency for which the client may be eligible.

- *Funding restrictions:* Because there are no mechanisms for flexible funding to solve human support problems, and because a particular client need for support may not be able to be met by the existing agency programs in a particular area, certain family assistance needs may go unaddressed and lead to problems becoming much more severe and expensive to solve later on.
- *Eligibility:* Each agency responsible for an authorization program will set its own standards for eligibility for assistance. Sometimes various "safety net" programs will effectively cancel each other out because of eligibility issues. For example, a client goes on Medicaid and Aid to Families with Dependent Children (AFDC) after a period of extended unemployment. Another community job development support program results in a part-time placement in a low-paying job. Job placement results in cancellation of the client's AFDC and Medicaid, but health care costs alone lead to the necessity of quitting work to get back on welfare.
- *Turf:* The biggest barrier to integrated services transformations is allegiance to agencies. Shrinking budgets and lack of information work against cooperation and lead directly to agency self-protectionism.

These and other barriers are difficult to overcome, but there are examples of successful transformations of this type all over the country, for example, the Alaska Youth Initiative (AYI), Healthy Start (California), Community Vision Now (Kansas), and New Community School (Kansas, California). Under these kinds of arrangements, children and families (however defined) become the focus of the support service systems, rather than the agencies that deliver the service. The process is usually begun as an investment in children and families, a *prevention* effort to head off more significant problems later on.

Agency supports under these arrangements are decentralized through use of a community planning council that is represented by all of the community's human services support systems. If any services are left out (e.g., religious supports, parks/recreation, judicial), the program will be less successful. It really does take the whole village to raise the child who has need of special services and supports.

States and communities vary as to the extent of true consumer empowerment in school-linked services integration arrangements. The Healthy Start initiative in California, for example, mandates significant consumer participation on the implementation councils at the local, community level. Some models rely solely on agency membership with representation on the implementation councils at the local, community level. Other models rely solely on agency membership with representation from business and industry interests, but with little consumer input. While all of these models lack comparative, evaluative data with which to judge adequacy, anecdotal information seems to suggest that the greater the involvement of consumers in the governance and implementation team arrangements, the more positive and significant the outcomes.

The phrase "reinventing government" begins to come into play when various school-linked services integration models evolve from a status of cooperation among various agencies represented on the local council, together with recognition of the role of consumers, to a status of collaboration among council members characterized by voice as a mechanism for empowering consumers through direct participation in choices among implementation alternatives, planning for new and reconfigured systems, and governance (Kagan & Neville, 1993; Sailor & Skrtic, 1995; Sailor et al., in press). Only when the stage of collaboration is reached can *flexible funding* mechanisms be brought into play. The process seems to require trust and mutual respect to a degree that permits cost-sharing and reinventive processes to occur (Kagan & Neville, 1993).

SCHOOL RESTRUCTURING AND INCLUSIVE EDUCATION

Harnessing community support systems to provide an integrated, seamless web of services through a coordinated, brokered plan to support child and family needs in the community is but one part of the process. The next two sections address the part of the process that comes under the term *school linked*. These processes can be examined as considerations involved with general education reform, called *school restructuring*, and then under reform processes in categorical school support systems such as special education. The latter is often described under the rubric *inclusive education*. The question to be addressed in the next two sections is, what must occur in schools in order for them to become effective support systems within school-linked integrated services arrangements? Finally, how can such system transformation arrangements significantly increase the likelihood of positive lifestyle changes and outcomes for persons with severe behavior disorders requiring positive behavioral supports in the school and community?

School Restructuring

For reasons that Skrtic (1991a, 1991b) analyzed in some detail, schools organized in a time-honored, modern, traditional fashion simply do not lend themselves to the *postmodern* processes represented in either school–community partnerships (services integration) or in the kinds of arrangements needed to impart inclusive education (Sage & Burrello, 1994; Sailor & Skrtic, 1995). To respond to and effectively participate in community service transformation processes, schools must themselves transform from *organizational bureaucracies* to *participatory adhocracies* (Skrtic, 1991a, 1991b).

Schools are traditionally organized the same way many large corporations were structured before the advent of TQM. The central district office dictates school operation, often to a significant degree of micro management, by holding a single manager (the school principal) responsible for operations. Line workers (teachers and others) are expected to carry out their missions in accordance with board policy as dictated by the district office and communicated through the principal, who has absolute authority.

School–community partnership processes require much greater flexibility and permeability. Parents, for example, to feel not only welcomed at a school but actively invited to participate in school processes (e.g., study hall, homework support sessions) must feel that their ideas are welcomed as well. Otherwise, their status as "outsider" carries too high a level of discomfort. Even more so, the family advocate in school-linked, services integration models must be welcomed as a participating member of the school site council as well as provide the school's link to the consumer and services community. Such processes require teamwork and team structures. When teams involving teachers, staff, and parents gain decision-making authority with respect to how school resources are organized and utilized, the organizational system transforms from a bureaucracy to an adhocracy. Where the former is a pyramidal management structure, the latter is a veridical, problem-solving system. The former is organized to maintain a preexisting structure. The latter is organized to adapt to changing demands on the structure. When circumstances change the nature of the marketplace demand for a system's product (i.e., child learning), then the system must adapt or suffer a loss of confidence in (and demand for) the product (i.e., "white flight to private schools"). "Marketplace" changes in American communities are impelling the transformations of schools from modern bureaucracies to postmodern adhocracies (Skrtic, 1991a, 1991b). When these processes are geared to a broader citywide or state-level initiative, they are referred to as school restructuring processes.

Trends in School Reform Recent school reform processes have their origins in a sweeping effort that was launched by Congress and the Department of Education in the early 1980s in response to publication of the report *A Nation at Risk* (National Commission on Excellence in Education, 1983). This first wave of significant school reform came to be termed the *school excellence* model (Darling-Hammond & Berry, 1988; Firestone, Fuhrman, & Kirst, 1989).

The states responded to these initiatives at the federal level (some 700 laws passed between 1983–1985) (Darling-Hammond & Berry, 1988) by enacting reforms such as increases in academic content, graduation requirements, teacher certification requirements, standardized student assessment guidelines, longer instructional time, and so forth, but ignored school organization (Firestone et al., 1989). According to Bell (1993) these "top-down" kinds of initiatives failed to meet the expectations of policy makers because they failed to directly involve those responsible for the *implementation* of change processes in the decision-making structure under which the changes were to be implemented. It became clear by the mid-1980s that the school excellence reforms were positively affecting students who were already achieving at acceptable levels of expectation, but the same reforms were missing the low-achieving students portrayed in *A Nation at Risk* (Hallinger, Murphy, & Hausman, 1992).

The early excellence movement in school reform was strongly geared to holding teachers to a higher standard of productivity as reflected in student performance on standardized tests. The primary focus of educators was in curriculum improvement during this period. Students whose performance was in jeopardy from a number of risk factors, including disability, were offered a "dumbed down" curriculum (Honig, 1987) that focused largely on basic skills such as arithmetic computation and remedial reading. There was little concern with the application of schooling to real-life situations. Facts were to be learned by rote memory and fed back on standardized tests. For many students, the rote learning tedium rewarded by grades (often deficient) seemed irrelevant and unlikely to lead in the end to anything useful.

Toward the end of the 1980s, educators realized that excellence can only exist to the extent that it is coupled with equity (Murphy, 1993). The discrepancy between "have" and "have not" schools had grown to staggering proportions. The rhetoric of the excellence in education movement could not begin to be matched by student successes unless the low-achieving students in the poorer schools began to show progress.

Where the excellence movement was largely a top-down effort to improve curriculum; introduce new instructional practices (Slavin, 1990); and, most of all, hold schools accountable for student performance, the restructuring movement (the second wave in educational reform) showed

characteristics of being a grass roots or bottom-up set of initiatives. As less affluent schools reacted to the pressures of "schoolwide report cards" and "quality indicator checklists," it became increasingly obvious that more *systemic* changes than better teaching practices and upgraded curriculum would be needed to improve educational performance (Hallinger, Murphy, & Hausman, 1992). Beginning about 1989, several significant new reform processes began to emerge, first in less affluent school districts but then spreading more widely through the mechanism of statewide school restructuring initiatives. The hallmarks of the school restructuring agenda, which continues at present, include the following:

1. Student-centered and individualized approaches to learning
2. Outcomes-based assessment and curricular adaptations
3. Participatory and site- (rather than district-) level management
4. School unification practices that serve to harness the categorical programs' resources in the interests of improving the performance of *all* of the students at the school
5. Strong incentives for greater parent involvement in the learning process through strengthening school linkages with other community agencies and groups

The Council of Chief State School Officers (CCSSO) adopted a position that explicitly called for equity in processes that restructured curriculum and instructional guidelines (CCSSO, 1989). In this position paper, the school chiefs signaled an end to the watered-down approach to students with disabilities and those at risk for learning problems, and ordered into effect processes that were geared to facilitating learning styles of a demographically diverse population. For example, the chiefs adopted a position in favor of placing stress on higher-order thinking skills and abstract reasoning processes over the rote learning processes that characterized most mathematics instruction. The shift in philosophy, from the idea that disadvantaged students should get "what they can" from education, to a philosophy that required each student to perform at the highest level of expectation and capability, was quite dramatic (Boyer, 1990).

School restructuring, according to Murphy and Hallinger (1993), represented nothing less than a shift in "the core technology of schooling" (p. 12). The decentralized instructional methods, that is, research-based teaching methodologies, that had been introduced in the mid-1980s through "effective schools" finally began to emerge in earnest. The use of cooperative learning strategies (Johnson & Johnson, 1990; Schlechty, 1989; Slavin & Madden, 1989), peer instructional methods (Clark, 1989), and other small-group instructional arrangements that occurred throughout the school day (Boyer, 1990) were increasingly coming, through sys-

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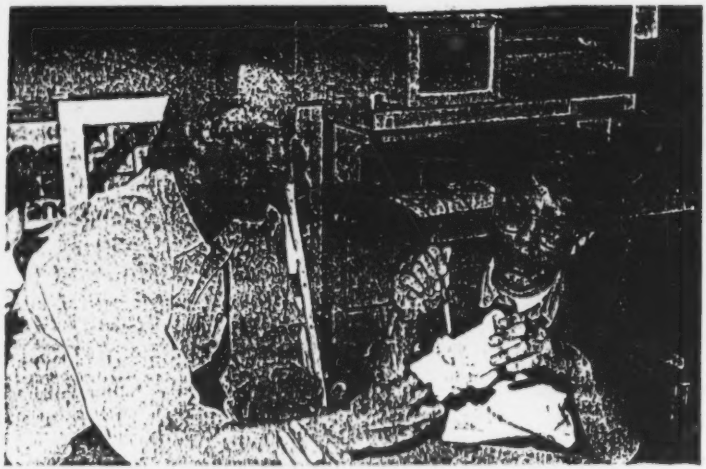
tematic research, to be associated with positive outcomes for all students, including those with high-risk factors and disabilities (CCSSO, 1989).

Whereas traditional instructional practices and grouping arrangements tended to further segregate students with disabilities from the general classroom because of the need to reflect higher performance through increases in standardized class and schoolwide achievement tests, the school restructuring agenda began to have the opposite effect (Sailor & Skrtic, 1995). Small-grouping instructional arrangements are conducive to the inclusion of students with more diversity in learning styles and capabilities, and promote the school unification agenda by bringing more educators into the process through the direct inclusion of children in categorical programs.

Site-Based Management One very significant difference between the first and second waves of reform has to do with how schools are governed, that is, how decisions are made to distribute school resources and manage the schoolwide budget (Sage & Burrello, 1994). Where the school excellence reforms subordinated the accountability of schools to authority of the central district office, the school restructuring movement is shifting the authority for day-to-day school management increasingly to the school site. Under site management processes, a school site council, sometimes called a site resource management team (Sailor et al., 1989), is empowered to carry out a school unification agenda. As described earlier, these site teams are made up of both general and categorical teachers, other school personnel, sometimes parents of children who attend the school, and occasionally students. Among the responsibilities of the team are planning for the means with which to meet the needs of students at the school who require special supports.

Under site-based management processes, governance works in a combination of arrangements that balance the site manager's authority (the school principal) with that of the site council through shared decision making (Darling-Hammond, 1990). The principal acts as the chief negotiator for the school with the central district office in governing the resources needed to implement the site resource management plan designed by the site council (Sailor et al., 1989). Principals under this arrangement assume authority for the management of the budgets and resources of all of the categorical programs, such as Chapter 1 (or Title I), English as a second language (ESL), special education, vocational education, gifted and talented programs, and other programs. Often waiver processes must be put into effect at the school site to enable coordinated and consolidated site budgeting to occur.

Empowering Teachers School restructuring processes are proving to be tremendously empowering for teachers (Bell, 1993). Rather than struggling to "teach to the test scores," teachers in restructured schools can be



A teacher provides art instruction for a student in a small group setting.

more creative and test some of their own ideas within a broader instructional framework (Skrtic, 1988). For example, according to Tyack (1993)

> A key way to improve schooling is to start with the classroom and to attend to the teachers who do that steady work. By moving from the inside out, and not from the top down, one may gain a better sense of how to improve instruction. (p. 25)

Teachers, under these arrangements, move from a status of mere technicians in imparting a uniform curriculum, to true professionals who have the responsibility for structuring, to a degree, what is to be taught and in what manner to which groups of students. In this sense, a teacher becomes the person who "orchestrates" the instructional design and guides the expertise of others, including students, in the teaching process.

The Council on School Performance Standards (1989; also cited in Sailor et al., 1996) developed a list of standards for teachers in restructured schools. Among these standards, note the following:

- Teachers need to be able to manage a number of learning groups of different sizes, all operating at the same time.
- Teachers need to manage flexible time schedules, a wide variety of learning resources, and the effective use of space.
- Teachers need to master assessment of what students have learned and make judgments about a student's most profitable next learning experience.

- Teachers need to evaluate and record student progress in basic and higher-order/problem-solving skills, personal and social attributes, and the ability to learn new things on their own.
- Teachers need to be able to identify and use community resources from service agencies, government, and business and industry as additional learning resources.
- Teachers need to possess the skills to use computers and other technology appropriately as tools for learning and sources of information.
- Teachers of middle school, high school, and vocational school need to serve on interdisciplinary teaching teams to plan, implement, and evaluate instruction as a group—no longer with only one or two academic or technical fields of study in a single classroom.

The essential components of voice and collaboration come through in these recommendations. Different educational practices, such as the inclusion of students with severe behavior disorders and other disabilities in general classroom processes, become more possible when the tactics to accomplish the practices are generated through collaborative team arrangements. Under these arrangements a general education teacher does not have to feel burdened, for example, by having a student with disabilities placed in his or her classroom because the pattern of supports and responsibilities has been a group, if not a schoolwide, process (Sailor, 1991).

School Unification Where site-based management practices provide the mechanism under school restructuring for the equitable distribution of school resources, the school unification agenda provides the mechanism for the procurement and coordination of what is to be distributed (McLaughlin & Warren, 1992). According to Sage and Burrello (1994), many restructured schools assume dominion over all of the categorical resources available to the school site. These resources are then coordinated through team processes so that they benefit not only their respective, categorically identified students (i.e., special education students with IEPs), but in such a manner that, in combination, they can benefit *all* of the students at the school. This school site agenda is nearly the reverse of the agenda under the school excellence movement. Under school excellence, students who did not achieve at higher rates of performance on standardized assessment indicators were frequently tagged for one of a variety of special, categorical assistance programs that would remove them, for at least some portion of the day, from the educational mainstream. Lipsky and Gartner (1989) actually cited some research that indicated that "the residue" (i.e., the students left in the classroom when all categorical resources had been utilized to the maximum extent allowable) was pre-

senting more challenges for instruction than those challenges that characterized the categorically identified students!

Under the school restructuring agenda, by contrast, the central issue is schoolwide improvement. Special resources available through Chapter 1, special education, and so on (e.g., some California schools at one time had up to 32 distinct categorical resource programs operating at the sites [Sailor, 1991]), are harnessed, integrated, and coordinated in such a manner that the collective expertise, equipment, and other resources can be put into play in the service of better educational outcomes for all of the students. Such a process is not easy to achieve and can require new training for teachers, principals, and others to be successful (Sage & Burrello, 1994). Furthermore, particular care must be exercised to operate categorical programs in a manner that respects compliance with their various statutory and regulatory requirements (Sailor, 1991). However, school unification can be accomplished under the present legal and regulatory structures, and examples of success under school restructuring abound in the literature (e.g., McLaughlin & Warren, 1992).

Burrello and Lashley (1992) reported 11 key considerations that provide a basis for carrying out a school unification agenda. Table 2 presents these restructuring outcomes.

Outcomes-Based Education Of all of the principle reforms of the school restructuring movement, none has met greater resistance from var-

Table 2. Key considerations for carrying out a school unification agenda

- Everyone in the school is responsible for the education of each student residing in the school's attendance area, regardless of his or her learning needs.
- Everyone in the school should be focused on meeting the needs of all students in a unified system of education. Labeling and segregation of students are counterproductive to educational excellence.
- All educators have skills and knowledge that should be used to support the efforts of all other teachers.
- All students benefit from participation in inclusive classrooms and schools. Students themselves are the best teachers and role models for individuals with significant learning needs.
- The prevention of learning problems is the proper province of special education.
- Assessment of students' needs is a regular part of curricular and instructional planning for all teachers and related services personnel.
- Special education and related services personnel should serve as full members of teacher teams under the leadership of the school principal.
- Special education and related services personnel should provide services to students within the context of the general school program.
- Funding and budgeting should allow for the provision of services to students with special needs in the home school and local community.
- Community-based human services for children should be coordinated at the school.
- Evaluation of the effectiveness of a school's program should include consideration of the post-school adjustment of students with special needs.

From Burrello, L.C., & Lashley, L.A. (1992). On organizing for the future: The destiny of special education. In K.A. Waldron, A.E. Reister, & J.H. Moore (Eds.), *Special education: The challenge of the future* (pp. 64–95). San Francisco: Mellen Research University Press; reprinted by permission.

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ious community (and national) constituencies as outcomes-based education (OBE). For example, some fundamentalist groups, through their national radio network, almost daily deride the essentials of the outcomes-based movement. Such organized resistance can be hard to interpret and understand, and often seems to be grounded in misinformation. The effort, for example, to shift away from rote learning to higher-order thinking skills can be effectively driven by outcomes-based evaluation practices (Ysseldyke, Thurlow, & Shriner, 1992). The vigor of the religious group opposition seems to be attributable to some early examples of identified educational outcomes such as those that tended to shade away from exclusively academic areas and into values issues. The Kansas State Board of Education, for example, responding to verbal attacks from members of the state legislature on the Board's new outcomes-driven school accreditation standards, deleted a set of outcomes that corresponded to a broad goal of good citizenship and ethical behavior on the part of Kansas students. The goal drew fire from these legislators for perceived encroachment by a public agency (education) on the traditional prerogatives of the family (i.e., values).

The goals of OBE are to define, design, deliver, and document educational processes by what is *gained from learning* rather than simply by *what is learned*. The concern represents a shift of focus to what a student can accomplish with what she learns, an outcome of her learning processes. *Portfolio assessments*, for example, that provide samples of students' written work, computations, applications of concepts, lists of books read independently, and so on, first supplement and later replace performances measured by standardized tests (Ysseldyke et al., 1992). Educational processes thus shift away from acquisition of predetermined content (e.g., every second grade teacher will teach all sight words from the basal reader) to emphasis on the measurable results of instruction (e.g., elementary students will, every 2 weeks, read and discuss a choice from among works of children's literature) (Sailor et al., in press). Through the process of shifting to OBE, education starts to become more *individualized* for all students, including those with diverse learning styles and a need for specialized instructional resources and supports.

School Restructuring and the Postmodern Era The previous section examined the processes that are emerging under the rubric school-linked, integrated services. In these processes, voice and collaboration, the hallmarks of postmodernism in human services transformations, emerge as cornerstones of the movement. The coordination of service systems to effectively and efficiently meet the needs of a child and family with special assistance needs at the community level requires a *services coordinator*, sometimes called a *family advocate*, who enables the process of "wrap-around" by providing a single point of contact for the family. How would

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such a transformational process link with the traditionally organized school? The answer is, it cannot. For the school to be an effective participant in the integrated services, collaborative process, it must itself mirror that process internally (Sailor & Skrtic, 1995). For the services coordinator to effectively link the services plan for the child *in school* to the services plan for the child and family *in the community*, the services coordinator must be a member of the school site resource management team. If the school is not site-based managed, then such participation and linkages become difficult at best, and most likely impossible.

The processes involved in the transformation of schools as reflected in the school restructuring agenda and those involved in the transformation of all human assistance and support systems at the community (and ultimately the state) level are *interdependent*: one set of transformations cannot fully occur without the other (Sailor & Skrtic, 1995). That these transformations are occurring in concert with each other in many states and communities is evidence that they are part of broader-based changes reflective of our passage from the modern to the postmodern era (Sailor & Skrtic, 1995; Rhodes et al., 1995).

What remains is to examine one further set of transformational processes that will return us to the central question of this chapter—how can we effectively include a student who has severe behavior disorders in the mainstream of educational practices and life in the community? If it can be said that the principal direction of reform in public policy that characterizes the federal, categorical programs in the schools is best described under the rubric inclusion, and there is mounting evidence that it is (e.g., see McLaughlin & Warren, 1992; Sage & Burrello, 1994), then the transformations that characterize inclusive education within the field of special education offer an important piece of the change agenda.

Inclusive Education

There are two kinds of processes that are described under the rubric inclusion. The first, the one with which most readers of this chapter will be familiar, is use of the term *inclusion*, or *full inclusion*, to describe the trend toward the placement of students with severe disabilities in general education classrooms (Stainback & Stainback, 1984). The second, and the one I would like to examine in some detail here, is a broader-based concept that describes processes necessary to achieve *school unification*. The term *inclusive education* then, is used in the remainder of this chaper to describe the processes of transformation by which specialized school support programs, funded under federal (and sometimes state and local) categorical programs, come to be fully integrated and coordinated with the general education program at the school site under a school-site uni-

fication program (Sailor et al., 1996). Thus, where full inclusion refers to student placement and participation issues, inclusive education refers to the organization and utilization of school support services. The placement of students with disabilities in general groupings is implicit in the concept of inclusive education as one cannot successfully integrate special education (or other categorical) services unless one integrates (includes) the students identified for specialized supports, those with IEPs.

This section presents special education as a representative case of how the process of inclusive education proceeds from a separate, parallel educational program, geared to a circumspect, identified "class" of students, to a fully integrated program, coordinated with the total school curriculum and instructional system. The same, or very similar transformational processes occur with Chapter 1, ESL, gifted, and other programs as well (Sage & Burrello, 1994). Inclusive education as the principal reform agenda of the categorical school support programs exhibits the same postmodern transformational hallmarks as described in the previous sections for general education (restructuring) and community human assistance services (school-linked services integration). The processes of voice and collaboration are in evidence here, too, as inclusive educational practices come to be structured through team arrangements that focus the talents and creativity of a variety of professionals, staff, and parents on the support needs of individual children in noncategorical arrangements (York, 1994).

Special Education Policy Reform The field of special education has undergone significant reform processes over the past 15 years that have paralleled the reforms affecting general education and only in very recent years have the two reforms begun to merge (McLaughlin & Warren, 1992; Sage & Burrello, 1994). The principal landmark of this reform movement is represented by the initiative of then Assistant Secretary for Special Education and Rehabilitative Services, Madeleine Will's, "Regular Education Initiative (REI)" (Will, 1986).

In this initiative, Will relied substantively on the research of Margaret Wang and her colleagues (Wang, Reynolds, & Walberg, 1988) in proposing to bring to an end the practices of pull-out, resource rooms and other categorically segregating programs and to merge the resources of special education, Chapter 1 (Title I), and bilingual (including migrant) education into a systemically unified educational structure. It is to put it mildly to point out that the Wang et al. proposals in support of Will's merger agenda generated significant opposition from within the special education academic community. An entire issue of the *Journal of Learning Disabilities* (1987, 20[5]) was dedicated to a rebuttal of this position. The gist

of the rebuttal was in part a series of criticisms of methodology used by Wang and her associates in their published reports, but to a much greater degree reflected a genuine anxiety concerning the future of special education in its categorical form. Wang et al.'s position was interpreted by the editors of the *Journal of Learning Disabilities* as an effort to return responsibility for children with mild/moderate learning disabilities to the purview of general education and eventually thus eliminate the category of learning disabilities from the special education amendments to the Education for All Handicapped Children Act of 1975 (PL 94-142).

While the REI was primarily concerned with integration of students with less significant disabilities (i.e., "learning disabilities") into general education contexts for their special supports, a second, related reform process concerned with students with more significant disabilities (i.e., "severe and profound disabilities") was also under way (Sailor et al., 1989). This process, referred to as *integration*, gained national attention particularly within general education, with the publication of Gartner and Lipsky's (1987) and Skrtic's (1991a, 1991b) critiques of special education systems. The integration portion of special education reform has also come under strong opposition from special educators and, interestingly, from some of the same professionals who "led the charge" against REI (i.e., Fuchs & Fuchs, 1994; Kauffman, 1989; Semmel, Gerber, & MacMillan, 1994; Vergason & Anderegg, 1989). While much of the national media attention has focused on the full inclusion agenda, the combined reform processes of special education (REI, integration) have come together most recently in combination with school restructuring reforms in general education under the rubric inclusive education (McLaughlin & Warren, 1992; NASBE, 1992; Sage & Burrello, 1994; Sailor, 1991; Sailor et al., 1996; Snell, 1991; York, 1994).

To understand the goals of inclusive education as distinct from the earlier reform processes, one has to consider the shift of focus away from exclusively matching special categorical resources to categorically identified students. Under inclusive education, the focus becomes supporting students with special needs in a manner that allows all students at the school to benefit from all of the services. The accomplishment of this school unification (McLaughlin & Warren, 1992) reform agenda requires at least the following transformations to occur in the manner in which special education sources are imparted at the school (Sailor, Gerry, & Wilson, 1993):

- All students with disabilities attend the school they would attend if they did not have disabilities, as a matter of family choice.
- Students with disabilities are included in general education contexts in natural proportion to their incidence in the school district (or community) at large.

- All grouping arrangements at the school (and in the community, as school activities) are heterogeneous and respective of the natural proportion.
- All students with disabilities are placed in and are regular members of general education classrooms appropriate to their chronological ages.
- The school employs site-based management and coordination of school resources as systemic practices.
- The school employs decentralized instructional practices in accordance with a schoolwide restructuring plan.

The hallmark of inclusive education is the full integration and participation of students with special support needs at the school. Unified schools, that is, schools that are restructured to include the practices of inclusive education, do not, for example, operate special, categorical classrooms. Students are not grouped, in fact, in any arrangement at the school or in the community on the basis of their categorical "label" or even on the basis of banning special support needs. In special education children still need to be counted, for federal reporting purposes, as "learning disabled (LD)," "seriously emotionally disturbed (SED)," and so on, but these stigmatizing (Sage & Burrello, 1994) and nonprescriptive labels are not used at the school site and are unknown to most staff, children, and families associated with the school.

Under inclusive educational arrangements the nature of special education supports is determined through team processes (York, 1994) that include family members in the decision process. If the decision is made to add paraprofessional support to a general education classroom, the aide is never encouraged to be the primary support person for the student with disabilities who is included. Rather, it is to support the student *as a member of the class* in a manner that fosters social relationships with regular class members and facilitates the total classroom programs. The processes of decentralized instruction (Slavin, 1990) enhance this process by facilitating common learning outcomes for typical students and those who require special supports and assistance. Peer supports and adapted curriculum become fluid processes under methods of decentralized instruction (York, 1994).

Under the way special education services have been traditionally organized, a student with severe behavior disorders would likely receive, after extensive (and expensive!) assessments have been performed, a label such as SED, autism, or behavior disorders (BD) and be referred for placement to a special class (or even school) where such students are categorically grouped. It is logical to question whether the practice of grouping students with severe problems of socialization together for their education is likely to remediate their difficulties. Such grouping arrange-

An educator provides support for a student with special needs.

ments are clearly to the benefit of the service provision agencies (i.e., school special education services) rather than for the student with disabilities. For students to learn appropriate patterns of behavior and to become socialized, they must interact on a regular and sustained basis with peers who model such patterns. The question is not and has really never been whether students with severe behavior disorders should be grouped together (Schroeder et al., 1990). The question of greater relevance has been how to meet the challenges of supporting such students in the mainstream.

Students with Behavior Disorders Under inclusive educational practices the "management" of students with severe behavior disorders is a schoolwide issue, rather than the exclusive purview of a particular service system. A plan for the positive management of severe behavior disorders may be developed under such an arrangement, that includes input from and participation by

- A multidisciplinary team at the school
- Students at the school
- Teaching staff at the school, both general and categorically identified
- Parents of the child as well as other parents at the school
- Members of the community served by the school

Such a positive behavioral support plan (Carr, 1988) becomes a part of the student's IEP. If full-time, general class participation is a goal of the plan, the student's placement and membership in the target classroom is

given at the outset of the plan. The amount of time the student actually spends in the classroom or in any general education instructional grouping may be dependent upon a phased-in schedule of participation geared to increased socialization outcomes consistent with the objectives of the plan. When not in the general classroom, the student may be instructed elsewhere in the school or in the community, but never in segregated or categorically grouped circumstances. Such an arrangement can greatly tax the resources of a school in the initial stages of implementation, but over time can have very beneficial consequences in helping a school come together to meet the needs of all students who present socialization challenges (Turnbull et al., 1993).

Goals 2000: The Present Agenda in Educational Reform The Clinton administration introduced a package of educational reform programs to Congress in 1993 called Goals 2000, the Educate America Act (PL 103-227). This act, chartered as S.1150 in the Senate, is directly linked to the Americans with Disabilities Act (ADA) (PL 101-336) and both Section 504 of the Rehabilitation Act of 1973 (PL 93-112) and the 1990 amendments to the Education of the Handicapped Act (the Individuals with Disabilities Education Act [IDEA], PL 101-476). The Senate report that accompanies the Goals 2000 Act (Senate Report 103-85) addresses the issue of inclusive education directly. Guidance to educators on the issue of inclusive education in the Senate report takes three forms. First, it directs the National Center on Educational Outcomes at the University of Minnesota to increase the likelihood, through its assessment system–development practices, of making such assessments applicable to all students with disabilities, in a nondiscriminating manner. The net effect of this recommendation is to shift the emphasis on the identification of outcomes of education that apply to students with disabilities away from identifying separate indicators (i.e., a "functional curriculum") and toward progress indicators of some form on the general education curriculum (i.e., an "adapted curriculum").

Second, the report explicitly requires that such assessment systems actively encourage the placement of students with disabilities in the regular classroom and in the general education program. Finally, the report directs the National Education Goals Panel to review standards and assessment data relevant to the national goals of Goals 2000 to ensure that they apply to students with disabilities.

The Minnesota Center responded to the challenge of the Senate report in recent publications (Shriner, Ysseldyke, & Thurlow, 1994; Shriner, Ysseldyke, Thurlow, & Honetschlager, 1994) in which it calls for school districts to

1. Include all students in schoolwide systems of accountability for student performance.

2. Make reasonable accommodations in schoolwide assessment systems to promote inclusion of all students.
3. Promote wide latitude in scaling performance outcomes so that partial performances of students with disabilities can be reflected on the same scales.
4. Build such efforts on the basis of existing assessment and data collection practices whenever possible.

The Minnesota Center cites the Kentucky School Reform Act (1990) as one example of an outcomes-based educational effort that includes all students and measures performance of students with disabilities on the same curricular areas (e.g., science classes) that reflect performances by general education students.

INCLUSIVE EDUCATION; SCHOOL RESTRUCTURING; AND SCHOOL-LINKED, INTEGRATED SERVICES: INTERDEPENDENT, POSTMODERN PROCESSES

The three processes of reform in human services discussed in this chapter thus far have been presented as part of a broader set of transformations described as postmodern and interdependent, as none of the three can be fully realized without corresponding changes in the structure and systems represented in the other two. Examples of these processes in operation at particular school sites, in conjunction with school–community partnership arrangements (Sailor, 1994a, 1994b), have been discussed illustrating these interdependent linkages under the rubric New Community School.

The basic premise of New Community School is interdependence. In the modern era, we have tried to address human assistance needs categorically, that is, in isolation, as if each identifiable problem could be solved with a specific serial program. In postmodern structures, human problems are viewed more systemically. There is recognition that interconnectedness exists across all aspects of human endeavor, and that forces affecting behavior can be complex and extend across numerous environments and relationships.

The interdependence that can be observed in social reform processes can be traced in part to economics. It simply becomes increasingly expensive to address human support needs as if their associated "problems" existed in a state of isolation from other aspects of life. Because the factors that contribute to the need for supports are complex, attempts to address needs in isolation mean fewer and fewer tangible returns for increased expenditures. For example, schools in many parts of America have special programs to combat drug abuse. Funding for these programs has in-

creased, reflecting corresponding increases in the magnitude of the drug abuse problem. But schools are only one place where social problems affected by drug abuse are manifest. Positive outcome data from expenditures addressed to that discreet problem are linked to much broader school–community factors than can be addressed solely in a schools-based program.

Special education offers a case in point. Addressing the learning support needs of people with disabilities *in isolation*, without attention to interdependent factors affecting their socialization, that is, their ability to work independently and exist in mainstream community life, has led to an increasing "backlash" concerning the rising costs of special education relative to the outcomes gained (Shapiro, Loeb, & Bowermaster, 1993).

In New Community Schools, inclusion is not an end in itself. The question of whether or even how to include, for example, a child with severe behavior disorders in a general classroom must go well beyond the specific and isolated concerns of special educators to come into better compliance with the *least restrictive environment* (LRE) precept of the IDEA. The adjustments necessary to successfully include such students are necessarily schoolwide and linked to support structures in the community as well. Inclusion under this concept is but one factor in a much larger framework of system restructuring that is geared to more effective utilization of all supports to increase educational outcomes for all students.

To recapitulate briefly, the key ingredients of public policy transformations that make up the New Community School concept are

1. *School-linked services integration:* A school–community partnership arrangement that addresses human support needs in a broader social context and that is consumer rather than agency empowering
2. *School restructuring:* General education reform processes that utilize the collective strengths of school staff through collaborative planning and governance structures, to better address the needs of all students
3. *Inclusive education:* Reform processes in special education that apply the specialized supports and technology of that discipline in an integrated context that enhances the education of all students at the school while supporting specific students in the mainstream of general education.

Efforts to effect the inclusion of students with disabilities, particularly those with severe behavior disorders, are unlikely to succeed beyond isolated demonstrations in a few places, if such efforts are driven by special education and are not perceived as having value for broader objectives of the total school program. Where such efforts, however, are consistent with a schoolwide program of restructuring and school–community partnership arrangements, then the process is likely to ad-

vance, particularly if the support needs of the student are viewed as a problem for the *school* to solve, not just special education.

New Community Schools exemplify these processes. First, they are unified schools. Special education as well as the other categorical supports are fully integrated and coordinated so that each program can support its identified students while meeting the total support needs of the school at the same time. Second, such schools are governed by collaborative team arrangements that empower teachers as well as parents at the same time as they draw upon their expertise and creative energy. The services within the school are harnessed and "wrapped around" the students with need for special assistance while the needs of the child and family in the community are similarly addressed through services coordination and use of a single point of contact. A child who needs a program of positive behavioral support both at school and in the community can have a single, focused effort applied under this arrangement with the incorporation of the IEP within the broader family services support plan under the integrated services arrangement.

New Community Schools are thus postmodern. The processes of voice and collaboration are in evidence at these schools. New Community Schools form one component of a comprehensive, integrated services arrangement that places the family at the hub of the wheel. The school performs its particular functions in combination with health, social, and other human assistance services within the community, thus helping to empower families to better manage their resources and to enjoy a higher quality of life in a postmodern society.

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Voice, Collaboration, and Inclusion

Democratic Themes in Educational and Social Reform Initiatives

THOMAS M. SKRTIC, WAYNE SAILOR, AND KATHLEEN GEE

ABSTRACT

ALTHOUGH THE RISE OF CONSTRUCTIVISM CALLS CONVENTIONAL REMEDIAL AND SPECIAL EDUCATION PRACTICES INTO QUESTION, IT ALSO REPRESENTS A POSITIVE OPPORTUNITY FOR PROGRESS AND RENEWAL IN THE PROFESSIONS AND IN SOCIETY. EMPHASIZING THE CONSTRUCTIVIST PRINCIPLES OF VOICE, COLLABORATION, AND INCLUSION, THE AUTHORS IDENTIFY THE INFLUENCE OF CONSTRUCTIVISM ACROSS THREE INTERRELATED LEVELS OF REFORM: STRUCTURAL REFORMS IN SCHOOL ORGANIZATION, PEDAGOGICAL REFORMS IN CLASSROOMS, AND INSTITUTIONAL REFORMS IN HUMAN SERVICE SYSTEMS GENERALLY RELATIVE TO THE "SCHOOL-LINKED SERVICES INTEGRATION" MOVEMENT. BY DOING SO, THE AUTHORS ARGUE THAT, FAR MORE THAN A NEW SPECIAL EDUCATION SERVICE DELIVERY MODEL, INCLUSION IS THE EMERGING CULTURAL LOGIC OF THE 21ST CENTURY. THEY CONCLUDE THE ARTICLE WITH A POLITICAL–ECONOMIC ARGUMENT FOR INCLUSIVE EDUCATION AND A DISCUSSION OF THE IMPLICATIONS OF CONSTRUCTIVIST REFORM EFFORTS FOR THE BROADER POSSIBILITY OF DEMOCRATIC RENEWAL IN SOCIETY.

THE WIDELY HELD BELIEF THAT PROFESSIONALS both know and do what is best for their clients is based on two claims, both of which are grounded in objectivism, the dominant philosophy of science at the turn of the century (Bledstein, 1976; Haskell, 1984). The first claim is that, given their grounding in science, the professions possess the objective knowledge that is needed to solve human problems. The second claim is based on the objectivist image of the scientist as a neutral, dispassionate observer. It asserts that professionals will apply their objective knowledge to human problems in a disinterested way, in the interest of their clients rather than for personal gain. Given these claims, the relationship between professionals and their clients took the form of a monologue, the familiar one-way conversation in which professionals prescribe and clients merely accept their prescriptions on faith (Schein, 1972).

Over the past 30 years, however, the objectivist view of the professions has been called into question by two lines of criticism. The first line asks whether professionals can always know or do what is best for their clients, given the convergent, bureaucratic nature of the professions and the increasingly divergent and dynamic character of human problems (Collins, 1979; Scott, 1981). The second, and more unsettling, line questions the objectivity of the scientific knowledge in which professional practices are grounded. Critics question the validity of the objectivist philosophy of science itself, particularly its underlying positivist epistemology of knowledge.

Although positivism has been under attack for more than a century (Phillips, 1987), the most devastating critiques have appeared since Kuhn (1962, 1970) exposed the role of culture and convention in the production of scientific knowledge. Kuhn's analysis undercut the positivist assumption that science produces objective knowledge and advanced the "antipositivist" or social constructivist idea that all forms of knowledge depend on their cultural context for meaning and interpretation (Barnes, 1982; Berger & Luckmann, 1967; see Note 1). Under social

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constructivism, the image of scientists as impersonal observers who *discover* objective knowledge is replaced by that of scientists who, as participants in a paradigm-bound community of inquiry, *construct* historically situated knowledge that is of temporary validity and utility (Krohn, 1981; Law, 1975; Ravetz, 1971).

Following the application of Kuhn's work to the social sciences (Barnes, 1982; Bernstein, 1976), the trend in philosophy has been a shift from objectivism to subjectivism, the opposing philosophy of science that had been overshadowed by the apparent success of the former (Bernstein, 1983; Rorty, 1979; see Note 2). For the subjectivist, science is a form of cultural engagement, a social process that yields different kinds of possible knowledge, depending on the observers' paradigmatic frame of reference (Morgan, 1983). This means that the scientific knowledge that guides and justifies professional practices is not objective knowledge *of* reality; it is subjective knowledge based on a particular and, at best, temporarily useful perspective. Although the rise of subjectivism creates a crisis in the professions, it also represents a positive opportunity for change and renewal because, from this perspective, a crisis in knowledge is a natural and necessary precondition for growth of knowledge and progress. This is so in the sciences (Barnes, 1982; Kuhn, 1970) and the professions (Schön, 1983), subjectivists argue, because knowledge in such paradigm-bound endeavors develops through a process of paradigm crisis and replacement, a social-discursive process of knowledge construction, deconstruction, and reconstruction, the key elements of which are voice (perspective), collaboration, and—above all—inclusion.

Our aim in this article is to draw out some of the positive implications of the rise of subjectivism for educational and social reform. In particular, we want to highlight the social constructivist principles of voice, collaboration, and inclusion across three interrelated levels of reform: structural reform at the level of school organization, pedagogical reform at the level of the classroom, and institutional reform (of human service systems generally) at the level of the community. By doing so, we hope to show that inclusion is far more than a new special education service delivery model. It is the new cultural logic that corresponds to the emerging historical conditions of the 21st century.

In the following section, we continue our discussion of the professions by introducing two historical conditions of the late 20th century that have been implicated in the rise of social constructivism (Skrtic, 1995c). Then we present separate sections on the three levels of reform noted above, highlighting in each the place of voice, collaboration, and inclusion. We do this in the section on structural reform by considering the school restructuring and inclusive education reform movements, in the section on pedagogical reform by reviewing some of the newer instructional approaches that are appearing in general and special education, and in the section on institutional reform by introducing what we will call the "school-linked services integration" movement. Finally, we conclude the article with a discussion of the implications of these social constructivist reform efforts for improving services to students with special educational needs and for the broader possibility of democratic renewal in society. The point of this discussion is to provide a political–economic argument for inclusive education. We do so because we believe that, in a society such as ours, those who propose such a radical departure from accepted practice must be able to make their case on more than moral arguments.

Consumerism and Postindustrialism

The first line of criticism regarding professional practice resulted in calls for a new consumer-oriented form of professionalism and an increase in interdisciplinary professional practice. The notion of a "client" is an artifact of the objectivist view of the professions, implying that, given their grounding in science, professionals "know better what is good for the client than the client himself" (Schein, 1972, p. 9). Conversely, "consumer" is an economic construct. It implies that, given access to relevant knowledge, individuals are competent to make judgments about what is good for them. Drawing on this distinction, advocates of consumer-oriented professionalism sought to transform the professional–client monologue into a professional–consumer dialogue, a more democratic arrangement in which professionals and consumers share knowledge and decision-making power (Collins, 1979). In addition, advocates of interdisciplinary professional practice argued that addressing society's dynamic, ill-defined "metaproblems" (Chevalier, 1966) also requires professional–professional collaboration and, moreover, new ways of organizing professionals to make such interdisciplinary work possible (Trist, 1977).

The more recent line of criticism regarding the objectivity of scientific knowledge radicalizes the earlier arguments for a consumer-oriented, interdisciplinary form of professionalism, both epistemologically and politically. Social constructivism implies far more than simply sharing knowledge among professionals and consumers. From this perspective, a consumer-oriented, interdisciplinary discourse is a radically inclusive and democratized form of social participation, a dialogical inquiry in which professionals and consumers collaborate in the construction, deconstruction, and reconstruction of knowledge. The very meaning of knowledge has changed in the late 20th century, and this has opened up new possibilities for achieving ethical professional practice and a just society. We will return to these possibilities below. At this point, let us consider the remaining issue of how to organize professional work to take full advantage of the epistemological and political implications of social constructivism.

During the same period in which the objectivist view of the professions was under attack, the emergence of a dynamic global economy gave rise to a new organizational form in the industrialized nations (Reich, 1983). First recognized in the 1960s, these new postindustrial organizations—or what have been called *organic structures* (Pugh et al., 1963), *adhocracies* (Bennis & Slater, 1964), or, more recently, *learning organizations* (Senge, 1990)—are the inverse of the private- and public-sector bureaucracies that dominated the industrial period. Whereas bureaucracies are designed to perfect a given product or service by standardizing work processes and worker behavior, adhocracies invent new products and services by deploying their workers on collaborative teams (Mintzberg, 1979, 1983). Collaboration is essential because invention requires reflective problem solving through discourse, a social constructivist process in which the voice and collaboration of each team member contributes to the construction of new knowledge (meaning) within the organization (Gray, 1989). As such, adhocracies are premised on a discursive form of interdependence among workers, rather than the standardized form associated with bureaucracies (Drucker, 1989).

Bureaucratic interdependence is premised on a hierarchical and monological ordering of separate bodies of knowledge and skills within the organization. But adhocratic interdependence is lateral and dialogical and, thus, more democratic. It is premised on reflective problem solving, which requires a multivocal discourse among *equal-status* participants with *different* knowledge and skills. On their own, individual specialists are of little help in these organizations. Innovation requires an interdisciplinary team of specialists who, as full participants in a dialogical discourse, construct new bodies of knowledge and skill by deconstructing and reconstructing existing ones, a goal that "none of them working independently could achieve" (Gray, 1989, p. 11). Adhocracies—or learning organizations—are holistic, constructivist entities in which invention occurs when the "combined skills and insights [of interdisciplinary team members] add up to something more than the sum of their individual contributions" (Reich, 1990, p. 202).

Moreover, because inventing new products and services is pointless if they are not personalized to the particular needs of those who will use them, the very survival of postindustrial organizations depends on close and continuous collaboration with their consumers (Drucker, 1989; Naisbitt & Aburdene, 1985). Although innovation requires collaboration among workers within an organization, personalization requires collaboration between the organization's members and its consumers. And it is here that consumerism and postindustrialism converge: Given the inexorable relationship among personalization, innovation, and collaboration, the viability of postindustrial organizations depends on an adhocratic or democratic form of interdependence among workers and managers, and, ultimately, among the organization's members, consumers, and host community (Drucker, 1989; Reich, 1983). As such, the adhocratic structure provides a way to organize professional work to actualize the epistemological and political implications of social constructivism. In the following sections we consider the ways in which aspects of adhocratic structure and social constructivism are beginning to appear in certain educational and social reform initiatives, focusing particularly on the principles of voice, collaboration, and inclusion.

Structural Reforms in School Organization

In this section we highlight social constructivist principles at the level of structural reforms in school organization by considering the similarities between the school restructuring and inclusive education reform movements. To set the stage for this discussion, we first expand upon the idea of organization structure by comparing the traditional structure of schools to that of the adhocracy.

Organization Structure

Every organized human activity gives rise to two fundamental and opposing structural requirements: the "*division of labor* into various tasks to be performed and the *coordination* of these tasks to accomplish the activity" (Mintzberg, 1983, p. 2). As such, the structure of an organization can be understood as "the sum total of the ways in which it divides its labor into distinct tasks and then achieves coordination among them" (Mintzberg, 1979, p. 2). In addition, the particular way in which an organization does this shapes the nature of the interdependence or "coupling" of its workers (Weick, 1976, 1982b). Finally, the options available to an organization for accomplishing these objectives are limited by the nature of its work (i.e., by the degree to which the work is understood).

Machine bureaucracies do "simple" work, or work that is certain enough to be *rationalized* (or task analyzed) into a series of routine subtasks, each of which can be completely prespecified and done by a separate worker. This type of work is coordinated by standardizing work processes through *formalization* (i.e., by prespecifying precise rules for doing each subtask). Because machine bureaucracies coordinate their work through rationalization and formalization, their workers are tightly coupled. Like links in a chain, they are highly dependent on one another in the unreflective and mechanistic sense implied by rule-governed behavior.

Professional bureaucracies (e.g., schools, social welfare agencies, public health departments) do client-centered work that is too uncertain to be rationalized and formalized. As such, it requires a division of labor based on *specialization*, a process in which clients are distributed among the workers, each of whom specializes in the knowl-

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edge and skills necessary to serve clients with a particular constellation of presumed needs. This type of work is coordinated through *professionalization*, that is, by standardizing the knowledge and skills of the various specialists through professional education. Given the division of labor and means of coordination employed in professional bureaucracies, their workers are loosely coupled (Bidwell, 1965; Weick, 1976). In other words, the professionals in these organizations are only minimally dependent on one another; they share common facilities and resources but, for the most part, do their work alone with their assigned clients (Mintzberg, 1979).

Given that they are both premised on the principle of standardization, machine and professional bureaucracies are *performance* organizations—nonadaptable structures designed to perfect their existing practices and standard operating procedures. Conversely, adhocracies are premised on the principle of innovation; they are *problem-solving* organizations designed to invent new practices and procedures for doing work that is so ambiguous that, initially, the knowledge and skills for doing it are completely unknown (Pugh et al., 1963). "At the outset, no one can be sure exactly what needs to be done. That knowledge develops as the work unfolds . . . . [T]he success of the undertaking depends primarily on the ability of the [workers] to adapt to each other along their uncharted route" (Mintzberg, 1979, p. 3).

Under these ambiguous conditions, division of labor in an adhocracy is achieved through *collaboration* (i.e., by deploying various specialists on interdisciplinary project teams whose members work collaboratively and assume joint responsibility for their particular project of innovation). Here, coordination is achieved through mutual *adjustment*, or informal communication among team members as they construct, deconstruct, and reconstruct novel problem solutions on an ad hoc basis (Chandler & Sayles, 1971; Mintzberg, 1979). Together, then, the structural contingencies of collaboration and mutual adjustment give rise to a discursive coupling arrangement, a form of interdependence premised on reflective problem solving through face-to-face communication (Burns & Stalker, 1966).

Managing, Governing, and Changing Schools

Although schools are structured as professional bureaucracies, historically they have been managed and governed as if they were machine bureaucracies (Callahan, 1962). They have been forced by administrators (Weick, 1982a) and the public (Meyer & Rowan, 1978) to adopt the management practices of the machine bureaucracy even though these practices are inappropriate for doing complex work. This drives the professional bureaucratic structure of schools toward the machine bureaucratic structure. The result is a problem because, by misconceptualizing teaching as simple work that can be rationalized and formalized, it reduces teacher reflection and discretion, thus minimizing the degree to which they can adapt their practices to the actual needs of their students. As Mintzberg (1979) noted, complex work cannot be rationalized and formalized,

> except in misguided ways which program the wrong behaviors and measure the wrong outputs, forcing the professionals to play the machine bureaucratic game—satisfying the standards instead of serving the clients. . . . The individual needs of the students—slow learners and fast, rural and urban—as well as the individual styles of the teachers have to be subordinated to the neatness of the system. (p. 377)

Moreover, because schools are managed and governed as machine bureaucracies, attempts to change them typically assume that further rationalization and formalization will improve the way the work gets done (see Elmore & McLaughlin, 1988; House, 1979). In reality, this actually makes schools less effective and less equitable because by extending the existing (but misplaced) rationalization and formalization it drives the organization further toward the machine bureaucratic structure. This reduces teacher reflection and discretion even further, which reduces further still the degree to which teachers can adapt their practices to the actual needs of their students. As in the case of management by rules, schools cannot be changed by adding more rules, except in the misguided way of putting even more pressure on teachers to play the machine bureaucratic game—satisfying the standards instead of serving the students (Skrtic, 1987, 1991a).

School Restructuring and Inclusive Education

For present purposes, school restructuring can be understood as the latter of two phases of the so-called excellence movement in general education. The first, or "effective schools," phase began roughly with the publication of *A Nation at Risk* (National Commission on Excellence in Education [NCEE], 1983). Effective schools reformers sought to achieve excellence through further bureaucratization of schooling, the typical reform approach in education that has the effect of driving the professional bureaucracy structure of schools further toward that of the machine bureaucracy. Advocates of this approach to excellence didn't question the bureaucratic structure of schools; "their passion was (and is) for making those structures more efficient" (Cuban, 1989, p. 784; see also Stedman, 1987). In the end, this was counterproductive; in effect, it turned the goal of higher standards into more standardization, which resulted in additional rationalization and formalization and, ultimately, more "state control, with its emphasis on producing standardized results through regulated teaching" (Wise, 1988, p. 329; see also Cuban, 1983, 1989).

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The school restructuring phase of the excellence movement has been shaped largely by works like *A Place Called School* (Goodlad, 1984), *Horace's Compromise* (Sizer, 1984), and *An Imperiled Generation* (Carnegie Foundation for the Advancement of Teaching, 1988). Generally speaking, the difference is that school restructuring advocates seek excellence by reducing standardization. Indeed, they reject the traditional bureaucratic school outright, as well as reform efforts that merely try to make it more efficient through further rationalization and formalization (e.g., Cuban, 1983, 1989; Elmore, 1987; Wise, 1979). School restructuring advocates believe that educational excellence requires a completely new structure for schools, one that eliminates the traditional homogeneous grouping practices of in-class ability grouping and curricular tracking, and even questions the legitimacy of some special needs pull-out programs (Oakes, 1985). At bottom, the envisioned structure is premised on personalizing instruction through collaborative problem solving among students, parents, and professionals at local school sites (Cuban, 1983, 1989; Elmore, 1987; McNeil, 1986; Oakes, 1985; Wise, 1988). In principle, then, school restructuring is an attempt to replace the traditional professional bureaucratic structure of schools with the adhocracy structure (Skrtic, 1988, 1991b, 1995a, 1995b; see Note 3).

In considering the structural parallels in special education reform, it is helpful to think of inclusive education as the latter of two phases of an "equity movement" (Skrtic, 1991a, 1991b). Like the effective schools approach, the first, or mainstreaming, phase of the equity movement didn't question the bureaucratic structure of schools; it sought to make it more equitable for students with disabilities through the rules and regulations of the Education for All Handicapped Children Act of 1975 (P.L. 94-142, now the Individuals with Disabilities Education Act of 1990), and the procedural requirements of the continuum of services or mainstreaming model. The irony here is that, given its core principles of interdisciplinary assessment, parent participation, individualized planning, and least restrictive placements (see Turnbull & Turnbull, 1978), P.L. 94-142 in effect sought to transform schools into adhocracies. From an organizational perspective, however, the problem is that the means by which the law attempted the transformation followed the traditional machine bureaucratic approach to change (Skrtic, 1987, 1991a). It assumed that schools are machine bureaucracies in which workers are controlled through rationalization and formalization; thus, teacher behavior is subject to modification through revision and extension of the existing rules and regulations in schools (Elmore & McLaughlin, 1982). Although P.L. 94-142 and mainstreaming were intended to solve the problems associated with the prior special classroom model (Dunn, 1968), they merely reproduced them in a new form by reproducing and extending the bureaucratic form that originally created the problems (Skrtic, 1988, 1991a).

Originally referred to as the Regular Education Initiative (REI), the inclusion debate emerged in the early 1980s when parents and professionals began to recognize some of the failures of P.L. 94-142 and mainstreaming (Will, 1986). Inclusion advocates reject the pull-out approach of mainstreaming and the standardizing effects of P.L. 94-142 (e.g., Gartner & Lipsky, 1987; Reynolds & Wang, 1983; Sailor et al., 1989; Stainback & Stainback, 1984). Like advocates of school restructuring, they argue that educational equity requires a restructured system of education, one that eliminates categorical special needs programs by eliminating the historical distinction between general and special education. Moreover, to eliminate these programs and yet meet the needs of the students they serve, inclusion advocates argue for a "totally adaptive system [of education]" (Reynolds & Wang, 1983, p. 199) in which professionals personalize instruction through "group problem solving . . . shared responsibility, and . . . negotiation" (Pugach & Lilly, 1984, p. 52). As in the case of school restructuring, inclusive education is, in principle, an attempt to replace the traditional professional bureaucratic structure of schools with the adhocratic form (Skrtic, 1991a, 1991b; see Note 4).

From a structural perspective, both reform movements are calling for the elimination of specialization, professionalization, and loose coupling, the determining features of the professional bureaucracy structure; both reforms seek an adaptable system in which teachers collaborate among themselves and with their consumers to personalize instructional practices. In practical terms, of course, there are differences between school restructuring and inclusive education, and even among various inclusive education reform proposals (see Skrtic, 1991b). However, these are differences of degree, not of kind. In organizational terms, both reform movements are arguing for collaboration, mutual adjustment, and discursive coupling, the determining structural features of the adhocratic form. They are arguing for a consumer-oriented, interdisciplinary form of professionalism in the field of education and a postindustrial or adhocratic structure for schools, and thus for institutionalizing in public education the social constructivist principles of voice, collaboration, and inclusion.

Pedagogical Reforms in Classrooms

Sailor (1991) pointed out that, during the past decade, parallel literature regarding public policy has emerged from the fields of general and special education. Paul, Rosselli, and Evans (1995) observed that although general educators have focused on the tasks of restructuring and redesigning the current system, special educators have focused on debating the issues of including children, youth, and adults with disabilities in the mainstream of schools, communities, and life. We propose, however, that there has

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been an additional effort—a parallel, yet similar line of research and practice stemming from parents, consumers, and professionals and emphasizing context, collaboration, and voice in the study of learning, social relationships, and effective teaching practice. These research and demonstration efforts have come from both general and special education, as well as the related service fields.

By parallel we mean that, quite separate from each other, researchers and practitioners in these fields have come to some similar conclusions about effective teaching and service delivery. Particular developments have brought these lines of research and effective practices closer together, and it is our opinion that the point at which they converge is centered on the inclusive schools movement and the emerging literature on teaching diverse communities of learners (Brown & Campione, 1990; Dunn, Brown, & McGuigan, 1994; Englert, Tarrant, & Mariage, 1992; Palincsar, David, Winn, & Stevens, 1990; Paul et al., 1995; Rainforth, York, & MacDonald, 1992; Romer & Haring, 1995; Sailor, Gee, & Karasoff, 1993; Sailor, Kleinhammer-Tramill, Skrtic, & Oas, 1996; Sailor & Skrtic, 1995; Sapon-Shevin, 1992; Thousand, Villa, & Nevin, 1994).

This ongoing and ever increasing research has begun to reflect an understanding of the contextualization of education (cf. Brown & Campione, 1990; Englert et al., 1992; Grennon-Brooks & Brooks, 1993; Palincsar et al., 1990; Sailor, Goetz, Anderson, Hunt, & Gee, 1988; Snell, 1993), as well as an understanding of schools as reflections of society (Skrtic, 1991a, 1995a, 1995b). Many of the threads of pedagogical reform are grounded in the democratic themes described previously. Indeed, learners within many schools and classrooms have become valued collaborators in the process of learning through inquiry-based, problem-solving approaches to teaching that challenge students to attain new cognitive, academic, and social goals while they participate in a diverse community of students and teachers (Villa & Thousand, 1992a, 1992b). We highlight just a few of these efforts next.

CONTEXT. One type of reform in both general and special education has been a kind of instruction reform characterized by descriptors such as embedded, activity-based, ecological, holistic, and community-based. Using a variety of models across a wide range of subject matter and content, researchers have found that learners are more successful when instruction is embedded within meaningful and carefully orchestrated activities. Englert et al. (1992) stated that in an embedded model students at all ability levels are allowed to engage in the cognitive functions of thinking at whatever levels they can participate. Teachers emphasize higher-order thinking and learning, present tasks as problems to be solved, ask questions that involve more than one correct answer, encourage students to understand and explain their thinking, present strategies and skills in holistic or natural contexts, incorporate authentic purposes and goals into learning tasks, and integrate instruction across the curriculum (Anderson, 1989; Englert et al., 1992; Lampert, 1990; Palincsar et al., 1990). Students with specific learning challenges are involved in the complex cognitive process while being supported in the areas in which they need assistance. Instruction in basic skills may occur simultaneously, but it does not occur to the exclusion of students' engagement in the entire cognitive process (Morrice & Simmons, 1991; Palincsar, 1986; Palincsar & Brown, 1984; Swing, Stoiber, & Peterson, 1988; Topping, 1989).

Whole language, constructivist math, and the inquiry-based science curriculum are examples of educational models with democratic themes. One key aspect of these models is a social constructivist learning paradigm (Grennon-Brooks & Brooks, 1993; Poplin & Stone, 1992). Learning from this perspective is understood as "a self-regulated process of resolving inner cognitive conflicts that often become apparent through concrete experience, collaborative discourse, and reflection" (Grennon-Brooks & Brooks, 1993, p. vii). In constructivist classrooms, teachers are viewed as agents who encourage students to be thinkers and who involve students in the whole problem-solving enterprise.

Embedding instruction in meaningful activities and assessing student progress within the context of teaching lie at the heart of "integrated, community-based instruction" (Falvey, 1992; see also Sailor et al., 1988). Over the past two decades, educators working with students with severe disabilities have documented the efficacy of teaching to these students even the most basic skills (such as beginning communication and social, sensory, and motor skills) within functional, motivating contexts referenced to the activities of their same-age, nondisabled peers (Falvey, 1992; Gee, Graham, Sailor, & Goetz, 1995; Horner, Dunlap, & Koegel, 1988; cf. Snell, 1993, for a review). Researchers have begun to establish a database that highlights the relevance of "context" in the development of communication skills, social relationships, and other skills (Bukelman & Mirenda, 1992; Gee, Graham, et al., 1995; Reichle et al., 1991; Sailor et al., 1988; Siegel-Causey & Guess, 1989). Community-based instruction (Falvey, 1992) and ecological curriculum-development models (Rainforth et al., 1992; Snell, 1993) are based on the success of instruction that utilizes natural cues and consequences, or a contextual model, as well as the right for each individual to participate in environments and activities that represent the ecology of his or her community.

Another database documents the efficacy of new skills instruction within functional routines in which an activity itself sets the stage for learning a new skill (cf. Horner et al., 1988; Snell, 1993, for reviews). Over the last two decades, reform efforts in the area of supporting individuals with serious behavior challenges also have demonstrated the importance of context in understanding behavior as well as the importance of a lifestyle approach to planning supports (see literature on "positive behavioral

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supports"—cf. Carr et al., 1994; Horner et al., 1988; Horner, O'Neill, & Flannery, 1993). This literature reflects a contextual model and a holistic, ecological, and person-centered approach to the analysis of challenging behaviors in individuals with severe disabilities.

Service professionals in related areas have also begun to stress the importance of context and functional integration (Dunn et al., 1994; Rainforth et al., 1992). Dunn et al. carefully outlined what they termed the "ecology" of human performance as they trained occupational therapists to serve individuals with disabilities in inclusive schools and communities.

Voice. Many teachers in general education have begun to use the principles of self-regulated learning and classroom dialogue as they move to include students in discussing and understanding their own learning. These teachers involve students in classroom dialogues about cognitive processes and learning strategies. This moves the teacher away from the role as judge—and the textbook as the standard—to a teacher who works with the students as an inquirer (Ball, 1990; Lampert, 1990). The teacher's role in this process is to model and think aloud the thoughts and strategies of a more expert member of the classroom community (Vygotsky, 1986). This idea also is featured heavily in metacognitive models. Teachers develop a language and vocabulary for thinking and problem solving when they model the inner dialogue they use while performing a cognitive process and when they ask students to comment on their own processes. Englert et al. (1992) noted,

> Students help each other with this dialogue, while teachers embed instruction in new procedures and strategies at critical points where such instruction is needed. This results in a complex interplay between the students' growing level of mastery and the teachers' sequencing of prompts and directives. Gradually, cognitive processes that were performed together by teachers and students become internalized by students as the collaborative dialogue becomes internalized. (p. 72)

One key element seems to be the establishment of a social context that affords students many opportunities to work in close collaboration with peers. Researchers have found that conversation among peers allows students the opportunity to rehearse the dialogue, self-talk, cognitive actions, and self-regulatory functions of skilled problem solvers (Palincsar, 1986; Palincsar & Brown, 1984). This moves the control of the dialogue and strategies from the teacher to the group and, finally, to the individual. The practice of self-regulated learning, therefore, is enhanced by classroom dialogues about cognitive processes rather than a reliance on seatwork and independent practice.

Substantial work has been done by several authors in the area of severe disabilities to promote student-initiated learning and problem solving. Examples are the work on initiation related to communication (cf. Bukelman & Mirenda, 1992; Reichle, York, & Sigafoos, 1991; Sailor et al., 1989), communicative intent (Bukelman & Mirenda, 1992; Siegel-Causey & Guess, 1989), and the use of interrupted routines as a means to create problem-solving opportunities for communication and other skills (Gee, 1993, 1995; Gee, Graham, & Goetz, 1994; Gee, Graham, Oshima, Yoshioka, & Goetz, 1991; Gee, Graham, et al., 1995; Goetz, Gee, & Sailor, 1985; Hunt, Alwell, & Goetz, 1988). The strategy described as "context instruction" (Gee, 1993; Gee, Alwell, Graham, & Goetz, 1994; Gee, Graham, & Goetz, 1994; Gee et al., 1991; Gee, Harrell, & Rosenberg, 1987) for individuals with severe and profound disabilities and deaf-blindness is parallel to the self-regulated dialogue but focuses on individuals who are unable to have what we think of as traditional dialogue. Students in these studies demonstrated the ability to initiate actions and behaviors in order to problem solve and negotiate in social and instructional situations. Prior to requesting performance of skills, teachers provided scaffolded dialogue and contextual assistance to tie the individuals to the situation as a whole. In this context, voice refers to empowerment as a product of teaching. The learner is enabled through learned performances, rather than disabled by passive response to choices made by others.

Another key reform effort related to the democratic notion of voice is self-determination. In the last decade, self-determination has received increasing attention as one of the most important educational goals for individuals with disabilities (Powers, in press). Wehmeyer defined self-determination as "the attitudes and abilities necessary to act as the primary causal agent in one's life and to make choices and decisions regarding one's quality of life, free from undue external influence or interference" (1992a, 1992b). It is suggested that self-determination goes beyond empowerment or the right to assume control of one's life. Access to such rights is a prerequisite to being fully self-determined. Wehmeyer (in press) also suggested that self-determination is best conceptualized as a dispositional characteristic—a set of attitudes and abilities learned across the life span. He believes that an individual must be self-regulating in order to develop self-determination.

In the past several years, considerable work has been done to document the preference for and the utility of various "person-centered/family-centered" models for curriculum development and futures planning (Forest & Lufthaus, 1989; Mount & Zwernick, 1988; Rainforth et al., 1992; Turnbull & Morningstar, 1993; Vandercook & York, 1989). The person-centered process extends the notion of community from the communities created at schools to the communities in which the individual with disabilities will live and be supported. It incorporates the importance of natural supports, as well as self-determination, and empha-

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sizes the individual as a part of a larger social and community system that extends beyond the school building. Person-centered approaches give consumers (individuals with disabilities and their families) a strong voice in determining both current services and supports as well as future lifestyles.

Collaboration. Teaming and collaboration have become some of the key buzzwords in both general and special education. The literature on transdisciplinary teaming in special education has existed since the early 1980s (cf. Dunn, 1991; Rainforth et al., 1992, for reviews). Successful collaboration with the student and her or his family members and friends in developing curriculum, instruction, and social networks is also recognized as a key indicator of a quality program for individuals with disabilities.

Brown (Brown, 1988, 1994; Brown & Campione, 1990) has pioneered work in cognitive science and instruction of science, math, and literacy based on the notion of cognitive strategies and creating learning communities. She stated, however, that students must also have something exciting to learn, they must be motivated to learn it, and their teachers must be able to guide their learning using cognitive and constructivist principles. In these demonstrations, classrooms are vital, busy environments containing groups of students engaged in problem solving around a variety of experiments, research, and productions. This model has validated the notion that effective instruction takes place in classrooms where a strong sense of community is reflected (Brown & Campione, 1990, 1992; Englert et al., 1992). Classrooms as learning communities, composed of the teaching team and students, serve to create powerful insights and knowledge for students and teachers alike (Ball, 1990; Johnson & Johnson, 1989; Putnam, 1994; Sapon-Shevin, 1992; Slavin, 1990; Thousand et al., 1994). Cairney and Langbien (1989) suggested that learning communities where students begin to share in a mutual dialogue in practical, holistic, and functional activities give rise to higher psychological processes.

The emphasis on community reflects the assumption that new knowledge is constructed as a joint venture in the class rather than as a result of individual communication from teachers to students (Lampert, 1990). The social power inherent in the joint and collaborative enterprise of learning communities has the potential for providing students with a greater sense of ownership and agency in their own learning (Fagan, 1989).

In their recent work, Thousand et al. (1994) reviewed numerous strategies for and research on student and teacher collaboration designed specifically for inclusive education. Many authors also have addressed recently the notion of celebrating diversity in culture, ability, and gender in both general and special education (Sapon-Shevin, 1992). By the very nature of the instructional design, classrooms grounded in the processes just described more easily value the differences in each student's abilities. Multicultural education is more easily infused throughout the curriculum in this way, rather than approaching it from a "tourism" mentality. Classrooms utilizing the practices just described hold the greatest opportunity for varied talents and ways of learning to be seen as gifts that should be celebrated, instead of problems with which to be dealt.

Other authors stress that schools become more effective when teachers and other professionals use collaboration to facilitate the design of learning communities (Giangreco, Cloninger, & Iverson, 1993; Rainforth et al., 1992; Thousand et al., 1994). The abilities of the professional and paraprofessional teaching team members to work collaboratively with parents and other adults, promote positive learning relationships, create responsive classrooms, problem solve and resolve conflicts, facilitate interactions, and, in general, establish and facilitate a learning community are believed to have a serious impact on the success of inclusive school programs (Dunn, 1991; Rainforth et al., 1992; Stainback, Stainback, & Forest, 1989; Thousand et al., 1994; Villa & Thousand, 1992a, 1992b). Promising practices for all students are evidenced when team members from education and related disciplines come together to collaboratively create successful, inclusive classrooms and schools (Thousand et al., 1994). Innovative service delivery models reflect the integration of transdisciplinary knowledge from general and special education as well as the related service fields (cf. Campbell & Forsyth, 1993; Dunn, 1991; Giangreco et al., 1993; Rainforth et al., 1992).

Inclusion. Inclusive education provides the place and the catalyst through which general and special educators, students, and parents can come together to create quality, democratic schools. Given the previous discussion, effective schools are by nature inclusive. Unfortunately, the term inclusion has been used so widely that it has almost lost its meaning. We offer here a short definition. Inclusive schools, as originally conceived, are those designed to meet the educational needs of all their members within common, yet fluid, environments and activities (Sapon-Shevin, 1992). For professionals who have been involved in the inclusive movement, inclusion signifies much more than the mainstreaming of persons with disabilities into general education classrooms. The notion of inclusive schooling is not a passing fad, nor is it a sudden change. Inclusion has developed from a long history of integration of students with disabilities (see Halvorsen & Sailor, 1990; Haring et al., 1993; Rainforth et al., 1992, for reviews) and the last two decades of educational innovation described previously. Contrary to what many people may think, the inclusive schools movement represents school improvement on many levels for all students, not just the physical placement of individuals with various disabilities in general classrooms (Falvey, 1992; Neary, Halvorsen, Kronberg, & Kelly, 1993; Putnam, 1994; Rainforth et al., 1992; Sailor, 1991; Sailor et al., 1993;

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Sapon-Shevin, 1992; Stainback & Stainback, 1992; Stainback et al., 1989; Thousand et al., 1994; Villa & Thousand, 1992a, 1992b).

Inclusive schooling means that special education is no longer defined as a placement but as a system of supports provided to help address the needs of a subset of students (Stainback & Stainback, 1992; Vandercook & York, 1989). In successful inclusive schools, students with disabilities (no matter how severe) lose neither services nor support, but gain the opportunity to have full membership and to grow in functional and meaningful ways in the social and learning contexts of their nondisabled peers (Ferguson, Meyer, Jeanchild, Juniper, & Zingo, 1992; Gee, Alwell, et al., 1994; Giangreco, Cloninger, Dennis, & Edelman, 1993).

Fluid instructional groupings within the heterogeneous classroom, group of classes, or multi-age class allow teachers to work with both heterogeneous and homogeneous groups of students at various times. A *successful* inclusive learning community fosters collaboration, problem solving, self-directed learning, and critical discourse. It also allows (a) students with extraordinary gifts and talents to move at their natural learning rate, (b) students who progress slower than the average to move at the best of their ability (gaining learning strategies as well as remaining part of the exciting content of the themes and lessons), and (c) students with specific learning challenges to receive creative and effective supports to maximize their success. A successful inclusive learning community is a successful democratic school.

Institutional Reforms in the Community

The same constructivist and adhocratic principles that are implicit in the school restructuring and inclusive education reform movements are also found in transformations currently underway within a reform effort that is coming to be known generically as the "school-linked services integration" movement (Kagan & Neville, 1993; Melaville & Blank, 1991). To understand the social policy implications of school-linked services integration transformations, one must look beyond the complex issues affecting public education and family support in disability to the entire nexus of human support systems. These include health, education, social welfare, judicial, recreational, and religious supports, as well as many other community-level services.

The present impetus for reform efforts in community services, which has only come into full swing in the past few years (Kagan, Goffin, Golub, & Pritchard, 1995; Kagan & Neville, 1993), had its origins in the 1970s. To a large extent, it was based on the observations of educators (i.e., Kirst, 1989; NCEE, 1983) that if such basic needs as shelter, love, nutrition, privacy, health care, and family/caregiver support go unmet for children, they will not even begin to be able to realize their potential in public education. This observation led many professionals to begin to question the adequacy of our modern systems of public assistance and support to respond to the level of complexity presented by the rapidly changing demographics of U.S. society (Boyer, 1990; Gerry & Certo, 1992; Morrill & Gerry, 1990; Tyack, 1993).

At the level of the community, human resource support systems are fragmented, disconnected, and uncoordinated with respect to one another. For example, families that are victims of poverty find themselves led by the social welfare system into circumstances of what Seligman (1975) has called "learned helplessness." By setting rigid eligibility requirements for entry into and maintenance of public support systems, welfare programs provide needed assistance only when families reach dire circumstances of pathology. Efforts to find additional income through work are discouraged for fear of losing even minimal health-care benefits, food stamps, school lunch programs, etc. Families who have children with severe disabilities feel these patterns of service discontinuity and fragmentation acutely (Turnbull, Ruef, & Reeves, 1993). Such children are welcomed almost nowhere within the service support system.

Because our systems of human support provision are categorical, separate, and largely noncooperating systems that each address a single facet of human need (education, health, social welfare, recreation) as if these existed in isolation in the human condition, families with multiple needs (i.e., poverty, disability, non-English speaking) often confront multiple case managers, unduly distant and disparate service agencies, and mountains of paperwork. Confronted with these circumstances, it is perhaps not surprising that, in most states, entitlement programs are frequently underutilized by eligible populations (City of San Diego Public Schools, 1990).

For educators, this litany of adverse circumstances may have a familiar ring. The modern categorical philosophy of human assistance supports that is now so dysfunctional at the community level is simply a larger version of the problem that confronts special education, as well as general education and school organization. In the former case, a child with the need for a variety of educational supports is denied access to a number of these by virtue of having been assigned a prescriptive label (i.e., autism). If the child is segregated in order to receive even these highly specialized supports, then his or her access to other (e.g., non-autistic) supports is even further diminished. For the same reasons, school administrators similarly find themselves frustrated over their inability to coordinate resources within the school to benefit students with multiple support needs. Title I, bilingual, and special education supports (e.g., for a health issue) may be required in combination to meet the needs of a particular pupil, but only one set of supports can be accessed under the restrictive eligibility requirements of the specific school programs.

Each of these support subsystems—special education, general education, and community human services—

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requires a set of transformational processes to become responsive to human service needs at the local level. The form and substance of these transformations is reflective of a singularity across subsystems (see Paul et al., 1995; Sailor & Skrtic, 1995). These transformations have as their hallmarks decategorization; open, unrestricted access; cross-agency collaboration and planning; consumer voice and empowerment; co-location; and coordinated, planful resource management with a single point of contact for children and/or families. Within special education, these processes are achieved through inclusive education (Sailor, 1996). In general education and school organization, similar processes are achieved through a type of school restructuring consistent with school unification (i.e., McLaughlin & Warren, 1992; Sailor et al., 1996).

The transformational processes that characterize community human services support systems bear striking similarities to the inclusion and school unification agendas in public education policy reform. Under school-linked services integration arrangements, the available human support service systems in a community are brought together in a fully integrated, "seamless" system. Individual services and supports are "wrapped around" the client through the use of a single contact person who functions as a services/supports broker and coordinator (i.e., a case manager). Under such an arrangement, virtually all community human support systems—including public education, employment, housing, religion, community health systems, social welfare, mental health, parks and recreation, probation, child protective services, juvenile justice, early childhood, aging, and so forth—are coordinated and fitted to the needs of a particular client family. Often, such services integration arrangements produce a family support plan through the exercise of a local (neighborhood, community, or even county-level) human services planning council (Kagan et al., 1995). Such plans are often time-limited and are updated by ongoing evaluation and recommendations of a support coordinator (formerly termed case manager and increasingly called a facilitator; Crowson & Boyd, 1993). With these mechanisms, long-term dependency upon social agencies is avoided, and costs are held to the minimum required to enable a family to achieve maximum self-sufficiency (Kagan & Neville, 1993). For these reasons, school-linked services integration efforts are regarded as the "front line" of risk-prevention strategies (Melaville & Blank, 1991).

As school-linked services integration efforts begin to emerge at the level of local demonstrations (Crowson & Boyd, 1993), state-level efforts to coordinate policy and the flow of categorical funds from federal statutory authority (i.e., IDEA) through state agencies and to local entities comes into play. In some states, large-scale statewide initiatives for school-linked services integration have arisen from single demonstrations. In California, for example, the Healthy Start Initiative launched by Governor Pete Wilson and the passage of Senate Bill 620 was a direct state-level response to the success of the "New Beginnings" demonstration model in San Diego (Packard Foundation, 1992). In similar fashion, in Kentucky the impetus for integrated services at the community level is tied to the Kentucky School Reform Act. Central to all of these models of policy reform is that children and families, however "family" is defined, become the focus of the support service systems rather than the agencies that deliver the service. The process is almost always begun as an investment in the futures of children and families. It is a prevention effort, conceived in order to head off more significant and expensive problems later on (Sailor & Skrtic, 1995).

States and communities vary considerably on the extent of direct consumer empowerment that is attributable to school-linked services integration policy. In California, the Healthy Start Initiative mandates consumer participation on the community planning councils that implement the local programs. For a local community to be eligible for a "620 grant," the service agency coordinating council must also have at least 51% consumer membership. Other states rely solely on agency representatives for community planning councils but involve consumers at the local neighborhood "school/community team" level (Gerry, in press). Still other models call for a mix of representatives from business and industry, together with agency directors at the local level, in the implementation of services integration planning efforts. Although virtually all models of service integration at present lack comparative, evaluative data upon which to judge their relative efficacy, available information suggests that the greater the involvement of consumers in the governance and implementation of team arrangements, the more positive and significant the outcomes for children (Kagan & Neville, 1993).

As school-linked services integration models become more fully developed within communities, policy barriers to a collaborative cost-sharing arrangement begin to come down (Gerry, in press). Along with this development, flexible funding arrangements often become possible at the level of the community planning council. When pooling of resources that stem from a variety of federal statutes is at issue at the state level, a mechanism can be brought into play that facilitates the integration of state resources to flow as a kind of block grant to community councils. Called the "consolidated state plan" (Sugarman, 1994), this single plan links federal funding streams to a single flow-through mechanism with full federal approval. It presently is operational in Indiana and West Virginia.

When flexible funding becomes possible through these sorts of policy reform efforts, local people begin to become truly empowered to solve their own problems. For example, a person who is at risk for unemployment and long-term welfare support because a local public transportation line is eliminated may become eligible for a small grant from the community council to purchase alternate transportation. This flexible approach to the solution of human problems holds obvious potential for holding down costs

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of welfare supports while avoiding long-term dependency on social welfare agencies. The term reinventing government begins to take on real meaning when school-linked services integration models evolve from a loose state of cooperation among service agencies (often a start-up point in the process) to a status of true collaboration among consumer representatives and agency personnel represented on the planning council. The voice of the consumer is translated through discourse into policy and practice under such an arrangement. Consumers are empowered through direct participation in choices among implementation alternatives (Sailor & Skrtic, 1995) and in planning for new or reorganized services in the community (Kagan & Neville, 1993; Skrtic & Sailor, in press).

Thus far we have suggested that schools, and special education as a case in point, are undergoing significant transformational processes consistent with paradigm-level changes in how we pursue, organize, and utilize knowledge. Schools are evolving from bureaucracies to adhocracies, or problem-solving entities, and this transformation is mirrored in democratic themes of voice, collaboration, and inclusion. In the concluding section, we further delineate our theme of democracy in education and how the use of social constructivism advances this agenda.

Social Reconstructionism

At the start of this century, John Dewey (1976, 1988b) argued that the arrival of an industrial age had created both a problem and an opportunity for America. The problem was that industrialization put more of life—particularly work and education—under the bureaucratic administrative form. The problem with bureaucracy, of course, is that it virtually eliminates the need for people to solve problems and engage in discourse, which diminishes the human capacity for reflective discourse and collaboration. Because these are the essential skills of democratic citizenship, Dewey believed that industrialization undercut the public's ability to govern itself democratically. The opportunity was that industrialization as a mode of economic production created an expanding network of regional, national, and international social interdependencies. In turn, Dewey (1988a, 1988b) argued, this created the need for a new cultural sensibility in America, a shift from the rugged or *possessive* individualism of the 18th and 19th centuries to a *social* form of individualism that was more suited to democratic life under the interdependent conditions of an industrial age. Pointing to the mounting social and political costs of this cultural contradiction, Dewey believed that the new conditions of interdependence made possible and begged for a new approach to public education.

The new approach he recommended was a social constructivist form of progressive education, one premised on returning problems to the lives of students, problems that require them to engage in reflective discourse and collaborative problem solving, thus developing in them the essential skills for democratic citizenship. Dewey (1976) argued that the goal of public education should be to prepare citizens for democracy by turning schools into communities of inquiry: problem-rich contexts in which thinking teachers put their students' minds to work on concrete problems—intellectual and moral—rather than simply filling their heads with abstract "facts." He favored collaborative problem solving because he saw it as the best means for developing students' capacities for critical reflection and dialogical discourse. For Dewey, education was a dialogical process leading to "reconstruction . . . of experience which adds to the meaning of experience, and . . . increases the ability to direct the course of subsequent experience" (1976, p. 93).

Dewey's philosophy of education became the centerpiece of the "social reconstructionist" movement, a short-lived but important reform effort of the 1920s and 1930s. Progressive reformers who shared Dewey's concern about the negative effects of industrialization, the proponents of this movement believed that nothing short of a reconstruction of society was necessary to save democracy from the distorting effects of bureaucracy (Kloppenberg, 1986; see Note 5). They considered a Deweyan system of public education to be the principal means for producing a generation of Americans grounded in the ethics of social individualism who would be capable of carrying out the necessary reconstruction of society (Kloppenberg, 1986). None of this happened, in part because the nature of public education exposed the circularity in the reconstructionists' argument for transforming society through education. As Kloppenberg (1986) noted in this regard,

> If the problems facing society can be traced to its individualism, as these thinkers believed, and reform must proceed by means of education, how can reformers get around the awkward fact that the educational system is imbued with precisely the values that they have isolated as the source of the problem? (p. 377)

The arrival of a postindustrial age makes Dewey's earlier position on the social and political costs of possessive individualism even more relevant today than it was at the start of the century. A postindustrial economy makes the world even more interdependent (Rosenthau, 1980) and, thus, social individualism even more of a necessity for meaningful democratic life. As such, postindustrialization has created a new set of opportunities and problems. One advantage is that a postindustrial economy requires schools to produce a different kind of worker. Dewey and the social reconstructionists argued for educating reflective democratic citizens during a period when industrialists were demanding that schools produce compliant bureaucratic workers (see Callahan, 1962; Haber, 1964). Today, however, postindustrialists are, in effect, calling for demo-

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cratic workers—reflective people who can identify and solve problems collaboratively through dialogical discourse (see Drucker, 1989; Naisbitt & Aburdene, 1985; Reich, 1983, 1990). This is significant because it holds out the possibility of a convergence of interest on the question of the role of public education in a liberal (capitalist) democracy.

A related advantage is that postindustrialism changes the meaning of educational excellence. Far more than basic numeracy and literacy, educational excellence is the capacity for working collaboratively with others and for taking responsibility for learning (Drucker, 1989; Kearns & Doyle, 1988; Reich, 1990). A redefinition of educational excellence is particularly significant for the remedial and special education advocacy communities because it changes the meaning of educational equity. In effect, it makes equity in education a precondition for excellence in education and the economy (see Skrtic, 1991b). This is so because collaboration means learning with and from persons with varying interests, abilities, and cultural and linguistic perspectives; taking responsibility for learning means being responsible for one's own learning and that of others (Drucker, 1989; Kearns & Doyle, 1988). Ability grouping, tracking, and categorical pull-out programs have no place in a postindustrial system of education because, as Secretary of Labor Reich (1990) noted, they "reduce young peoples' capacities to learn from and collaborate with one another" (p. 208). Such practices work against promoting social responsibility in students and against developing in them the capacity for negotiation within a community of interests, which are outcomes that Reich (1990) believes are unlikely unless "unity and cooperation are the norm" in schools (p. 208). Voice, collaboration, and inclusion are not only possible in such a system of education, they are its central organizing principles.

Like industrialization, however, postindustrialization also creates problems for America. One problem is that a postindustrial economy creates a "mounting incompatibility between a fossilized [industrial-era] welfare state, on one hand, and a rapidly changing organization of production and reproduction, on the other hand" (Esping-Anderson, 1994, p. 717). This is why the school-linked services integration reform movement is so important. During a period of incompatibility, it becomes much easier for opponents of the welfare state to criticize it by blaming the poor for problems created by the economy (Schram, 1995). Moreover, the social (re)constructivist notions of voice, collaboration, and inclusion become even more important if we are to ensure that the reconstruction process is equitable and just, and that it leads to outcomes that are responsive to social needs.

Perhaps the most unsettling problem is the specter of a two-class society composed of elite, adhocratic "thought workers" on one hand and low-level service workers and the permanently unemployed on the other. Remedial and special education are implicated here, in that special needs programs, as forms of tracking, are uniquely placed within public education to serve this sorting function. As Tomlinson (1995) noted in this regard, special education can be seen as

> part of a political response to a crucial dilemma facing education systems in late twentieth-century technological societies . . . . The expansion of special education is closely linked to the question of what sort of preparation for a future life should be offered to a large social group who are likely to be partially or permanently unemployed, and thus from a traditional industrial society perspective, not economically profitable or "useful" to society. (p. 126)

All social policy should be concerned primarily with moral transactions and social relations (Gil, 1973; Titmuss, 1968). And so, in reconstructing educational and social institutions, we must be explicit about what we believe is morally and politically right. Moreover, we must "probe and push" (Moroney, 1981, p. 84) the value assumptions that shape social policy toward those that unite us (Rein, 1970, 1976). Above all, social policy should be concerned with building an inclusive system, one that, according to Boulding (1967), "includes those aspects of social life that are . . . justified by [an] appeal to . . . identity or community . . . to build the identity of a person around some community with which he (sic) is associated" (p. 7). Identity and inclusion must be central to social policy because their opposite, alienation, threatens community itself (Moroney, 1981). Finally, because humans must learn to be democratic, educational policy must promote inclusive systems because these are the types of institutional arrangements in which democratic identities, values, and communities are cultivated (Dewey, 1980, 1988a; Guttman, 1987). ■

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NOTES

1. We use the term *social constructivism* to distinguish the epistemology we have in mind from that of constructivism. Both epistemologies are subjectivist (see Note 2), but constructivism emphasizes the individual in the process of knowledge construction, whereas social constructivism emphasizes the social group (see Kiel, 1995; Skrtic, 1988, 1991a). Although there are different forms of social

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constructivism, we are emphasizing the democratic humanist form of Dewey (see Skrtic, 1991a, 1995a).

2. We are using objectivism and subjectivism to refer to the two opposing modern philosophies of social science and, as such, subjectivism should not be interpreted in the mundane sense of mere personal opinion, taste, or idiosyncrasy (see Bernstein, 1983; Burrell & Morgan, 1979). A third line of criticism of the professions is the postmodern critique, which questions objectivism and subjectivism and, thus, modern knowledge itself. We will not address the implications of postmodernism here (see Sailor & Skrtic, 1995; Skrtic, 1986, 1991a, 1995a).
3. A comprehensive analysis of the school restructuring debate would show that, even though the reforms its advocates want require the adhocracy structure, their reform proposals actually retain the professional bureaucratic structure (see Skrtic, 1988, 1991a, 1991b, 1995a, 1995c).
4. A comprehensive analysis of the inclusive education debate would show that, even though the reforms its advocates want require the adhocracy structure, their reform proposals actually retain the professional bureaucratic structure (see Skrtic, 1988, 1991a, 1991b, 1995a, 1995c).
5. Within education, social reconstructionism was promoted by a small faction within the Progressive Education Association (Bowers, 1970). More broadly, it was the principal reform strategy of progressive liberalism, the American political theory grounded in philosophical pragmatism (see Kloppenberg, 1986; Skrtic, 1991a).

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School-Linked Services Integration: Crisis and Opportunity in the Transition to Postmodern Society

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Abstract

This article considers the implications of the school-linked services integration reform movement for professional practice and discourse in the fields of special and remedial education, as well as for the broader political goal of democratic transformation in America. Although the authors see the services integration policy agenda as an important vehicle for addressing a variety of interrelated social and educational problems associated with the transition to a postmodern society, they argue that it hasn't been adequately theorized in terms of the methods of discourse and value orientation necessary to achieve its explicit and implicit goals. They begin with a discussion of postmodern theorizing in which they identify pragmatism as providing the appropriate method and value analytic framework for realizing the goals of the school-linked services integration movement and the broader aim of democratic transformation. Then, they consider some key examples of the school-linked services integration concept, noting their affinity with those of school restructuring and inclusive education reform efforts in education, and the affinity of all three reform movements with the democratic principles of voice, participation and inclusion. They highlight these democratic themes to show that, in a broad sense, inclusion is the new cultural logic of postmodernity.

School-Linked Services Integration:
Crisis and Opportunity in the Transition to Postmodern Society

> In spite of attained [industrial-era] integration, or rather perhaps because of its nature, the Public seems to be lost; it is certainly bewildered. . . . The social situation has been so changed by the factors of an industrial age that traditional general principles have little practical meaning. They exist as emotional cries rather than as reasoned ideas.
>
> John Dewey (1927)

Attached as humans are to their established ways of living and thinking, we often experience dramatic changes in society and culture as a crisis, an intense and pervasive sense of incoherence, fragmentation and disorder. Although our initial response to such crises is often dispair and pessimism, this is typically followed by a period of theoretical speculation and extraordinary research aimed at finding a way out of the apparent crisis. The quote from Dewey signifies that the transition from traditional to modern society was experienced as a crisis that required new theoretical perspectives to solve the unprecedented social and political problems that it had created. In this sense, theoretical discourses are responses to historical crises, to the turbulance created by disintegration of once stable social arrangements and established modes of thought. As such, they represent important opportunities for positive change, opportunities that stem from humans' capacity to reframe their problems in new theoretical languages.

Today, we are once again experiencing this pattern of crisis and opportunity in the transition from modern to postmodern society. Like modern, postmodern is an epochal term that refers to the period that follows the modern era, that is, roughly the period from the 17th to the mid-20th century. Although some have questioned whether modernity has ended or simply taken a new form (Giddens, 1990; Harvey, 1990), there is no question that, in the late 20th century, we are experiencing a series of dramatic socioeconomic and cultural transformations associated with the emergence of a postindustrial political economy (R. Boyer, 1990; Esping-Anderson, 1994). Driven

largely by an explosion of media and information technologies, this restructuring of capitalism and political culture has created new social problems, the resolution of which, it is argued, requires new postmodern theoretical perspectives (Best & Kellner, 1991). The new problems stem from the economic and social dislocations and disaffections of postindustrialism, which are producing new forms and increasing rates of poverty, homelessness, hunger and crime in conjunction with decreasing fiscal and political support for the public services needed to address them (Gordon, Edwards & Reich, 1982). The scope of these interrelated problems is vast, affecting the economy, state, culture, family and everyday life, and thus virtually every area of social policy and professional practice, particularly those of education, health and social welfare. In the broadest sense, the historical crisis we face today is that the emerging postindustrial political economy has created a "mounting incompatability between a fossilized [modern, industrial-era] welfare state, on one hand, and a rapidly changing organization of production and reproduction, on the other hand" (Esping-Anderson, 1994, p. 717; also see Gordon et al., 1982; Rifkin, 1994).

The school-linked, services integration movement is the most ambitious policy response to this crisis (Kagan & Neville, 1993; Melaville & Blank, 1991). Although the idea originated in the 1970s, the movement has only come into full swing in the past few years (Kagan, Goffin, Golub & Pritchard, 1995; Kagan & Neville, 1993). It began with the observation among educators and other human services professionals that public education cannot prepare children for full social, political and economic participation in society if their basic human needs go unmet (Kirst, 1989; National Commission on Excellence in Education, 1983). This led many to question the adequacy of our modern social institutions--education, public health, social and child welfare, juvenile justice, recreation, religion--to respond to the crisis created by the dramatic economic and cultural changes in society (E. Boyer, 1990; Gerry & Certo, 1992; Morrill & Gerry, 1990; Tyack, 1993).

As noted in the introductory article (Sailor & Skrtic, this issue), our intent in this topical issue of RASE is to introduce readers to the school-linked services integration movement and to consider its implications for professional practice and discourse in the field of education, particularly special and remedial education. Although the services integration policy agenda is an important response to some of the problems associated with the transition to postmodern society, we believe that it hasn't been adequately theorized in terms of the methods of discourse and value orientation necessary to achieve its explicit and implicit goals. Moreover, we believe that school-linked services integration reform efforts represent more than a way to address current problems in education, social welfare and public health. That is, given the methods and value analytic framework we have in mind, they represent an important opportunity to advance the broader political agenda of transforming our current competitive-elitist form of democracy into a more participatory form.

Competitive-elitist democracy is based on Joseph Schumpeter's (1942) economic model of politics. Rather than a kind of society or a set of moral ends, in this view democracy is simply a means for choosing governments through occaisional voting, a market-like mechanism of "competition between two or more self-chosen sets of politicians (élites) . . . for the votes which will entitle them to rule until the next election" (Macpherson, 1977, p. 78). Participatory democracy is the converse of this narrow, restrictive view of politics. Based in part on John Stuart Mill's (1848) developmental model of politics, and then updated and advanced in early 20th century America by John Dewey and others, participatory democracy does not view democracy as merely a form of government, but as "a quality pervading the whole life and operation of a national or smaller community, or if you like as a kind of society, a whole set of reciprocal relations between the people who make up the nation or [community]" (Macpherson, 1977, p. 5-6). Like Mill's developmental model of politics, participatory democracy emphasizes what a democratic political system can contribute to human

development. As such, it is a moral model of democracy, one that is based on a moral vision of the possibility of improving humankind through participation in a radically inclusive form of democratic politics (Held, 1987; Pateman, 1970).

Given these concerns, our aim in this lead article is to provide a theoretical backdrop for considering the necessary methods and value orientation of the school-linked services integration movement, as well as to show how these are related to the possibility of achieving a more participatory form of democracy. In this regard, we will highlight the notions of voice (perspective), participation (collaboration) and inclusion, key principles of participatory democracy that we believe are (or should be) inherent in efforts to integrate educational, social welfare and public health services and to link them to local communities.[1]

We begin with a discussion of postmodern theorizing in which we identify pragmatism, the turn-of-the-century philosophy associated with John Dewey and participatory democracy, as a method of social inquiry that anticipates the epistemological and moral implications of the transition to postmodern society. Next we consider pragmatism as both a mode of practice and discourse and a value analytic framework in the social professions of education, social work, and public health, focusing on its utility for realizing the goals of the school-linked services integration movement and the broader aim of democratic transformation. Finally, we consider the actual practices that have emerged in some key examples of the implementation of the school-linked services integration concept, noting their affinity with those of school restructuring and inclusive education reform efforts in education, and the affinity of all three reform movements with the democratic principles of voice, participation and inclusion (see also Sailor & Skrtic, 1995; Skrtic, Sailor & Gee, 1996). By emphasizing the democratic possibilities of the school-linked services integration movement, we hope to bolster the arguments for such an approach to social policy. By highlighting the democratic themes of voice, participation and inclusion, we hope to show special and

remedial education professionals, advocates and consumers that inclusion is far more than a new service delivery model. In its broadest sense, inclusion is the new cultural logic of postmodernity (see Sailor & Skrtic, 1995; Skrtic, 1991a).

Modernism, Postmodernism and Pragmatism

Broadly speaking, postmodernism refers to the array of theoretical discourses, political movements and cultural artifacts that have emerged in response to the postmodern condition. More narrowly, it is a new mode of social theorizing that can be distinguished from that of modernism. Modern social theorizing is foundational; it presupposes that theory mirrors reality and that there is a fixed set of foundational criteria against which the truth of all theoretical claims can be judged (Bernstein, 1983). As such, it is monological, regarding knowledge or truth as a monologue spoken in the voice of a single paradigmatic, theoretical or disciplinary perspective. Conversely, postmodernism is based on the antifoundational (perspectivist and relativist) view that all cognitive representations of the world are historically and linguistically mediated and that, as such, there are no independent criteria for adjudicating among theoretical claims (Best & Kellner, 1991). This means that theories at best provide partial perspectives on their objects and, moreover, that there is no cognitively certain way to establish a particular paradigm, theory or discipline as the ultimate frame of reference for interpreting (and thus acting upon) the social world (Bernstein, 1983, 1991; Rorty, 1979, 1991; Ricoeur, 1981).[2] For the antifoundationalist, knowledge is dialogical; the "truth" about the social world is best understood as a conversation among many paradigmatic, theoretical and disciplinary voices.

Although at present postmodernism is a relatively vague and contested conception in philosophy and the social sciences, two predominant forms can be identified. First, there is "radical Continental" (Antonio, 1989) or "antimodern" (Burbules & Rice, 1991, p. 397) postmodernism (e.g., Baudrillard, 1983; Derrida, 1982; Foucault, 1973b; Lyotard,

1984). This form of postmodernism rejects all forms of modern social knowledge outright; it is incredulous toward paradigms per se, regarding them simply as historically and linguistically mediated constructions of the social world, outdated and oppressive meta-narratives written in the genre of philosophy (Lyotard, 1984). The second form of postmodernism is the "progressive liberal" (Antonio, 1989) version, which is a reappropriation of classical pragmatism, the antifoundational philosophy that (in the United States) is associated historically with John Dewey (1982, 1988c), William James (1975), Charles Sanders Pierce (1931-1935) and George Herbert Mead (1934), and today with philosophers such as Richard Rorty (1979, 1982, 1989, 1991), Richard Bernstein (1971, 1983, 1991) and Donald Davidson (1984).

Pragmatism is a method for deconstructing and reconstructing social knowledge, practices, discourses and institutions under conditions of cognitive uncertainty. Whereas the aim of modern social inquiry is to justify social practices and institutions by showing that they are based on a true representation of the social world, the goal of pragmatism is to reconstruct social practices and institutions by reconciling them with moral ideals (Bernstein, 1971, 1991; Rorty, 1982, 1989, 1991). Pragmatism avoids the foundational question of representation by focusing on the consequences of knowledge, on the question of whether, if acted upon, a particular form of knowledge contributes to the practical realization of desireable social vlaues. As William James described it, pragmatism is:

> a method of settling metaphysical disputes that otherwise might be interminable. Is the world one or many?--fated or free?--material or spiritual?--here are notions either of which may or may not hold good of the world; and disputes over such notions are unending. The pragmatic method in such cases is to try to interpret each notion by tracing its respective practical consequences. What difference would it practically

> make to anyone if this notion rather than that notion were true?. . . Whenever a dispute is serious, we ought to be able to show some practical difference that must follow from one side or the other's being right. (1907/1975, p. 28)

The key difference between the radical and progressive postmoderns is the value they place on modern knowledge and values, particularly the modern democratic values of liberty, equality and community. The radical postmoderns reject modern knowledge as oppressive and attempt to free us from its hold by deconstructing it. The problem with this position, however, is the alleged tendency within radical postmodernism to reject modern values, as well (see Antonio, 1989; Best & Kellner, 1991; Burbules & Rice, 1991; Stanley, 1992).[3] The progressive postmoderns also want to deconstruct modern knowledge, but they accept it conditionally, as a starting point for reconstructing new forms of emancipatory social knowledge through a critical and democratized form of dialogical social inquiry (see Antonio, 1989; Kloppenberg, 1986). Moreover, above all they remain committed to modern democratic values and, recognizing that their expression is often more rhetorical than real, seek to "reappropriate, refine, and reground them" (Burbules & Rice, 1991, p. 397; Cherryholmes, 1988; Stanley, 1992). Like the classical pragmatists, the progressive postmoderns or "neopragmatists" propose that we use modern knowledge pragmatically by ignoring its metaphysical dualisms--objective-subjective, microscopic-macroscopic and order-conflict, among others (Kloppenberg, 1986; Rorty, 1979, 1991). They propose a radically inclusive, participatory form of social discourse in which all modern (and postmodern) theoretical perspectives are accepted or rejected on the basis of their contribution to the realization of democratic ideals, rather than whether they are true in a foundational sense (Davidson, 1984; Bernstein, 1991; Rorty, 1989, 1991).

The Crisis in the Social Professions

Modern professionalism was institutionalized between 1870 and 1930 as a response to the social and political problems created by the emergence of a modern, industrial political economy. Advanced by "professionalizers" in virtually all fields--including education (Tyack & Hansot, 1982), public health (Melosh, 1982) and social work (Davis, 1991; Muncy, 1991)--the arguments that eventually established the authority and autonomy of the professions were premised on the foundational view of knowledge and scientific practice (Bledstein, 1976; Haskell, 1984). The case for professional authority was that, given their grounding in science, professionals had access to the objective knowledge that society needed to solve the problems of modernity. Based on the corresponding image of scientist as neutral, dispassionate observer, the case for professional autonomy was that professionals would solve the problems of modernity in a disinterested way, in the interest of their clients and society rather than for personal gain (Bledstein, 1976; Friedson, 1988). Given these arguments, modern professionalism is conceived as a monologue, a one-way conversation in which professionals prescribe and their clients and society merely accept their prescriptions on faith, without recourse to a higher authority (Haskell, 1984).

Antifoundationalism creates an epistemological and moral crisis in the professions. Epistemologically, it undermines the modern view that professional practices and discourses are grounded in objective knowledge. From this perspective, science is a form of cultural engagement that yields possible knowledges, depending on the observers' frame of reference (Kuhn, 1962; Morgan, 1983). This means that there is nothing inherently true about the knowledge that grounds professional practices and discourses, and, moreover, that there is no cognitively certain way to choose among possible alternatives (Skrtic, 1986). The moral crisis is based on the political implications of the epistemological crisis. Given an antifoundational conceptualization of knowledge, the act of choosing among possible knowledges becomes a moral and

political act with profound implications for ethical practice and a just society (Skrtic, 1988, 1991a).

An important result of the (re)emergence of antifoundationalism has been the introduction of the "text" as a metaphor for social life (Geertz, 1983). Viewed as texts, human and institutional practices are discursive formations that can be read (interpreted) in many ways, none of which is correct in a foundational sense, but each of which carries with it a particular set of moral and political implications. From this perspective, social analysis is the study of that which conditions, limits, and institutionalizes social knowledge, practices and discourses. Ultimately, it is concerned with the way power flows to those in society who have the authority to interpret reality for others (Dreyfus & Rabinow, 1983). The social professions have received a great deal of critical attention under the text metaphor because in modern societies they have the authority to interpret normality, and thus the power to define others as abnormal and to subject them to various forms of treatment (see Skrtic, 1991a).

The principal figure behind this line of criticism is Michel Foucault, the moral philosopher whose work emphasizes the political implications of the knowledge, practices and discourses of the "human sciences," an inclusive term for the social sciences and social professions (Foucault, 1980a). His work focuses on the various modes by which modern societies turn human beings into subjects for investigation, surveillance and treatment, practices which regularly involve various forms of medicalization, objectification, confinement and exclusion (1973a, 1973b, 1975, 1979). As such, Foucault (1980a, 1983) was concerned with the way knowledge becomes power in society, particularly with "the way modern societies control and discipline their populations by sanctioning the knowledge-claims and practices of the human sciences" (Philp, 1985, p. 67). In this regard, he argued that the classical notion of political rule based on sovereignty and rights has been subverted by "disciplinary power" (Foucault, 1980b, p. 105), a type of power that is exercised through the knowledge, practices and

discourses of the human sciences, which together establish and enforce the norms for human behavior in modern societies.[4] "In the end," he argued, "we are judged, condemned, classified, determined in our undertakings, destined to a certain mode of living or dying, as a function of the [knowledge claims of the human sciences] which are the bearers of the specific effects of power" (1980b, p. 94).

> In workplaces, schoolrooms, hospitals and welfare offices; in the family and the community; and in prisons, mental institutions, courtrooms and tribunals, the human sciences have established their standards of "normality." The normal child, the healthy body, the stable mind . . . such concepts haunt our ideas about ourselves, and are reproduced and legitimated through the practices of teachers, social workers, doctors, judges, policemen and administrators. The human sciences attempt to define normality; and by establishing this normality as a rule of life for us all, they simultaneously manufacture--for investigation, surveillance and treatment--the vast area of our deviation from this standard. (Philp, 1985, p. 67)

The notion of disciplinary power raises serious moral and political questions for the social professions, questions concerning the nature and effects of the practices and discourses of investigation, surveillance, medicalization, objectification, treatment, confinement and exclusion that they have developed and refined over the course of this century (see Skrtic, 1991a, 1995a, 1995b). What makes these questions even more troubling, of course, is the epistemological implications of antifoundationalism. Not only must the social professions respond to these questions, they must do so knowing that there is no way to justify their practices and discourses by an appeal to scientific

authority. This, then, is the epistemological and moral crisis that antifoundationalism poses for the social professions at the close of the modern era.

Pragmatism as a Mode of Professional Practice and Discourse

Whether this crisis leads to positive growth and renewal in the social professions and society depends upon the manner in which the social professions reconstruct their knowledge, practices and discourses. Given the implications of antifoundationalism, of course, reconstruction always requires pragmatic choices among alternative theories and paradigms. As a social process, however, being pragmatic can take two general forms: naive pragmatism or the critical form of pragmatism described above. Naive pragmatism values functional efficiency, pure utility or expediency. Although it questions professional models and practices, it unreflexively accepts the theories and paradigms in which they are grounded. As such, it is "socially reproductive, instrumentally and functionally reproducing accepted meanings and conventional organizations, institutions, and ways of doing things for good or ill" (Cherryholmes, 1988, p. 151). Conversely, the critical form of pragmatism — the progressive liberal or neopragmatist form of postmodernism — approaches decision making in a way that recognizes and treats as problematic the theories and paradigms behind professional models and practices; it accepts the fact that our grounding theories and paradigms themselves require evaluation and reappraisal (see Cherryholmes, 1988; Skrtic, 1986, 1991a).

Like classical pragmatism itself, the goal of this approach to reconstruction is not certainty; it does not seek objective knowledge or monological truth. Rather, its goal is education, or self-formation. As such, it is a pedagogical process of remaking ourselves by redescribing our practices, discourses and institutions in alternative theoretical languages (Gadamer, 1975), a continual search for "new and more interesting [ways] of expressing ourselves, and thus of coping with the world. From [this] educational . . .

point of view, the way things are said is more important than the possession of truths" (Rorty, 1979, p. 359). Applied to the social professions, this "edifying philosophy" (Rorty, 1979, p. 378) is a mode of discourse that constantly forces professionals to face the fact that what they think and do as professionals is shaped by convention, thus helping them avoid the delusion that they can know themselves, their practices or their clients "except under optional descriptions" (Rorty, 1979, p. 379). It is "the same as the 'method' of utopian politics or revolutionary science. . . . It says things like 'try thinking of it this way'--or more specifically, 'try to ignore the apparently futile traditional questions by substituting the following new and possibly interesting questions'" (Rorty, 1989, p. 9).

As a mode of professional practice and discourse, pragmatism entails two ongoing and interrelated critical activities: critical practice and critical discourse. Critical practice is "continual movement between construction of a practice, which justifies why things are designed as they are, and deconstruction of that practice, which shows its incompleteness and contradictions" (Cherryholmes, 1988, pp. 96-97). Critical discourse is "continual movement between the constitution of a methodology designed to [construct and deconstruct practices] and subsequent criticism of that approach" (p. 97). Applied to the social professions, pragmatism is a way for professionals to continually evaluate and reappraise the practical consequences of what they do (critical practice), as well as to continually evaluate and reappraise how they carry out such critical appraisals of their practices (critical discourse) (see Maxcy, 1991; Cherryholmes, 1988; Skrtic, 1991a, 1995b; Stanley, 1992). And, of course, the goal is not to justify professional practices, discourses and institutions by showing that they are based on a true representation of the world; it is to change social arrangements and established modes of thought by reconciling them with desireable social values.

Reconstructing the social professions is concerned fundamentally with making choices among the possible knowledges or optional descriptions in which their practices

and discourses could and should be grounded. And because there are no criteria for making these decisions objectively, values provide the grounds for judging the merit of our choices. As Dewey (1981a) noted with regard to such decisions: "Selective emphasis, choice, is inevitable whenever reflection occurs. This is not an evil. Deception comes only when the presence and operation of choice is concealed, disguised, denied" (p. 34). In this regard, pragmatists are participatory democrats; they promote the democratic values of liberty, equality and, above all, community (Dewey, 1981b, 1989). Indeed, Dewey has been described as the only philosopher who "tried to read democracy into the ultimate nature of things and social reform into the meaning of knowledge" (Feuer, 1959, p. 568). This is so because he valued democracy as more than a form of government. For him, democracy was primarily a method of social inquiry, "a mode of associated living, of conjoint communicated experience" (Dewey, 1980, p. 93). The affinity between participatory democracy and pragmatism is that both are premised on dialogical discourse, on equal participation by all in the developmental conversation of humankind (Dewey, 1988b). Moreover, in his response to the historical crisis of the early 20th century, Dewey (1988b) explained that the transformation to participatory democracy requires the revitalization of local democratic communities because, in its final actuality, social reconstruction "is accomplished in face-to-face relationships by means of direct give and take" (p. 371).

And this is what is so attractive about the school-linked services integration movement. It not only is a promising means of addressing the incompatability between our modern social systems and the historical contingencies of postmodern society, but, as both a premise and a vehicle for reconstrucing our local communities as sites of critical, participatory inquiry, it opens up the possibility of democratic transformation in society at large. As we have noted, however, whether the school-linked services integration movement actually realizes these positive social and political possibilities depends upon the manner in which the social professions reconstruct their knowledge,

practices and discourses, that is, on the methods and value orientation they use to continually evaluate and reappraise the practical consequences of what they think, do, read, write and say as professionals.

If the social professions are to reconstruct themselves to address the problems of postmodernity in a way that promotes participatory democracy and avoids the negative consequences of disciplinary power, we believe that they must reconstruct themselves — individually and collectively — as a community of critical inquiry, one in which the democratic notions of voice, participation and inclusion are the central organizing principles. And, of course, reconstructing the social professions as democratic communities of critical inquiry must include in the discourse the voice and full participation of its consumers (see Skrtic, 1991a, 1995b). Our use of "consumers" rather than "clients" is a strategic choice. Consumer is an economic construct, implying that individuals have the capacity to know their interests and to act accordingly. Conversely, the notion of a client is an artifact of the modern, foundational view of the professions; it implies that professionals know better what is good for their clients than the clients themselves and thus conceives of professionalism as a monologue, the familiar one-way conversation (Schein, 1972). By calling this view into question, however, antifoundationalism has given currency to the idea that the traditional professional-client monologue should be transformed into a professional-consumer dialogue, a democratic process in which professionals share decision-making power with those who consume their services (Friedson, 1988; Skrtic, 1991a; Sullivan, 1995). The value of pragmatism in this regard is that it provides professionals with the methods and value orientation to avoid the delusion that they can know themselves, their practices or the social needs and political interests of their consumers except under a radically inclusive, participatory form of social inquiry.

The Concept of School-Linked, Services Integration

To this point we have made a case for the utility of pragmatism as both a mode of professional discourse and a value analytic framework for realizing the goals of the school-linked services integration movement and the broader aim of democratic transformation. In this discussion we highlighted the democratic themes of voice, participation and inclusion and tried to show why we believe they should be guiding principles in public policy, particularly today as we respond to the historical conditions of postmodernity. In this section, we examine some of the key features of the services integration concept and note where the principles of voice, participation and inclusion are or could be actualized. We also direct the reader to some sources for further study, including the other articles in the special issue.[5]

To understand the school-linked services integration concept, perhaps the place to begin is by contrasting it with the present structure of human services systems which emerged during the modern period. Rather than integrated, our service systems are fragmented, an extreme case of disjointed incrementalism (Lindblom, 1959; Pressman & Wildavsky, 1973). Education, health, social welfare, juvenile justice, recreation — each human service system has its own gate keeping functions (eligibility requirements), contact personnel ("case managers"), physical locations, programmatic policies, administrative bureaucracies, databases, confidentiality systems, state and federal parent agencies, professional associations and separate, categorical funding sources, often originating in discrete federal statutes. Frequently these agencies have little knowledge of or contact with one another, and often each system operates a number of discrete categorical programs (e.g., "mental health," "mental retardation") that also are isolated and fragmented.

School-linked services integration, on the other hand, creates two new interactive policy structures, one at the level of the community and one at the level of the state. Through a complex set of policy transformations, discrete and categorical services are, in principle, integrated through collaborative local arrangements that give voice to

community residents in the planning process. These local collaborative arrangements, often community, interagency planning councils, or governing boards of family resource centers, for example, are empowered through a state-level policy team, usually with a title such as the Commission on Children, Youth and Families, to share funds, databases, staff and facilities in order to negotiatie a single, comprehensive support plan with each resident family who requires supports.

Increasingly, evolving systems and structures to implement services integration models are earmarking portions of agency budgets under collaborative agreements, for flexible funding arrangements (Dollard, Evans, Lubrecht & Schaeffer, 1994; Stroul & Friedman, 1986). Flexible funding allows local community planning councils, family resource center boards, or whatever local, integrated structure has been created to implement the program, to expend funds to solve discrete human problems (i.e., cash for a person who has lost a job; repair for a vehicle or house) rather than simply try to fit human problems to an existing antiquated and dysfunctional service system. The local, community discourse process in expenditure of flexible funds to solve community human problems exemplifies the democratic and programmatic processes of voice, participation and inclusion described earlier (see Berlin, 1993; Gardner, 1994; General Accounting Office, 1993; Harbin & McNulty, 1990; Osbourne & Gaebler, 1992; Sugarman, 1991; Thompson, 1993; Young, Gardner & Coley, 1993).

Much of the impetus for the transformation of these systems to services integration, at the community level, has arisen from the observations of educators and other human services professionals that if children's basic needs for love, shelter, and family support; for health care, nutritional well-being and so forth, are not met, then these children cannot respond to even the best efforts to promote their learning through education (Kagan & Neville, 1993). Thus, the services integration movement began with a prevention agenda, aimed primarily at services reforms affecting the lives of children and their families. Today, however, the services integration concept has expanded

beyond prevention to encompass all social services systems at the level of the community (Gerry & Levin, in press; Gerry & Paulsen, 1995, in press), including in some cases broad-based neighborhood economic revitalization programs, such as the "empowerment zone" and "economic community" programs financed through the U.S. Department of Housing and Urban Development (Gerry & Paulsen, 1995, in press).

While services integration is mainly a policy reform agenda targeted primarily to community health and social welfare programs, its early linkages with the schools, for their ready access to all local children of school age, emerged out of recognition that these services systems needed to become more "user friendly" to counter alienation and further deterioration of the status of children (Melaville & Blank, 1991; Packard Foundation, 1992). The concept of "co-location" of services emerged early on in the evaluation of the concept. Lack of transportation alone was found to be a significant factor, for example, in under utilization of services for which families are eligible (New Beginnings, 1990; Stroul & Friedman, 1986). It was recognized that revitalization of health and social services delivery systems would need to occur, if not actually on school campuses, then at least nearby and linked to particular schools or clusters of schools (Kirst, 1992).

Services integration transformation processes greatly resemble those found in school restructuring and inclusive education reform efforts (Skrtic et al., 1996, in press). The democratic themes of voice, participation and collaboration are dominant catalysts for as well as products of these transformations. The key processes that are operative in most comprehensive school restructuring programs mirror these same transformational structures (Goodman, 1995). Site-based management systems reflect democratic themes through teacher empowerment (Darling-Hammond, 1990) and governance of school resources by school councils that include parents (Skrtic et al., 1996, in press).

In the Johnson City school system in New York, one of the first documented cases of a large school district moving to inclusive education (Salisbury, Palombaro &

Hollowood, 1993), the critical processes were: (a) formation of teams at schools to develop school-wide inclusion plans – teams that were representative of teaching staff, parents, administrators and other "stakeholders" in the process (i.e., voice as represented by parents and students, and participation represented by the authority to develop a school-wide program invested in the teaching staff at each school); and (b) the investment by the central district office in each school site of the authority to combine all resources at the site in an integrated fashion to best meet the needs of all the students at the school (i.e., collaborative or participatory problem solving and decision making) (Holt, 1993). Thus, through a process of decentralization of authority for program governance and the emergence of democratic processes with full control of available resources at the school site, inclusive education moved to scale across schools in Johnson City (Turnbull, Turnbull, Shank & Leal, 1995).

In all three policy transformations--inclusive education, school restructuring and school-linked, services integration--the implications for the categorical, social professions are significant (Paul, Rosselli & Evans, 1995). Traditional (modern) special education is divided into specializations by disability categories, with requisite special certification at the end of professional training. Thus, we have separate teachers for students with learning disabilities, mental retardation, behavioral disorders, autism, severe disabilities, hearing impairments, visual impairments, etc. Inclusive programs shift the focus away from disability categories with their negative implications for typical child outcomes, and toward probelm solving by a broader group of stakeholders at the school who use team processes to support the particular student's participation in the general education program. Under these arrangements, for example, general education teachers require more knowledge of students with disabilities and special education teachers require broader-based competencies reflective of greater diversity among students at any one school (Paul et al., 1995; Paul et al., this issue; Sage & Burrello, 1994).

In all three systems, professionals involved in systems transformation require specialized skills in collaboration and interprofessional information sharing and language systems (Carr, Jenlink & Reigeluth, 1995). Social workers in school/community partnership arrangements, for example, learn much about the complex world of special and remedial educators in order to better focus team efforts toward a comprehensive and integrated support plan for a child in school and the child/family counsellation in the community at large (Amato, this issue; Gerry & Levin, in press).

The school-linked, services integration agenda affords an interesting potential remedy to many of the constraints imposed by system fragmentation and programatic incrementalism. In principle, the available human support systems in a community (often comprehensive in scope) are brought together in a fully integrated arrangement and their individual services and supports are "wrapped around" the consumer through a single-point-of-contact mechanism (i.e., a services/supports broker, or what formerly was called a "case manager" in the modern, categorical, agency-driven system). Although the precise mechanisms for integrating and delivering these supports varies from state to state and often across communities within states (Kagan et al., 1995; Quinn, Epstein & Cumblad, 1995), in principle the personnel and resources of all governmental and nongovernmental systems--public education, community health, mental health, social welfare, religious programs, recreation, transportation, judicial programs (e.g., child protective services), law-enforcement programs (e.g., drug abuse), early childhood programs, aging programs--are coordinated and linked to a single geographical point of contact in the community in an effort to customize or personalize an array of services to the particular needs of individual children and their families.

We are emphasizing the "potential" of school-linked services integration reform efforts because evaluation data on longitudinal indicators of the effects of such models are only just beginning to appear. Most models have only been in existence since about

1991 and, moreover, they are evolving and changing as they expand and move to scale in various states and communities, which is but one of many measurement problems for evaluators, particularly those operating from conventional modern perspectives (see Knapp, 1995). One source that is presently tracking evaluative data from services integration models is The Evaluation Exchange, a publication of the Harvard Family Research Project of the Harvard University Graduate School of Education. The Spring 1995 issue, for example, lists some 17 school-linked services integration initiatives, ranging from local, community efforts such as New Beginnings in San Diego to the statewide initiative launched in the Kentucky Education Reform Act (see Doktor & Poertner, this issue). Most of the large-sample, longitudinal databases that are available on services integration systems at present are coming out of two state-level services integration initiatives: Kentucky Education Reform Act (see Cannon, Kalafat & Illback, 1994; Illback, 1993; Illback & Kalafat, 1995); and California's Healthy Start Initiative (see Wagner et al., 1994).

In addition to Kentucky and California, numerous states now have school-linked services integration initiatives underway. Four of these are reviewed in substantive detail in Kagan et al., 1995: Colorado (Family Centers Program); Florida (Full Service Schools); Indiana (Step Ahead Program); and Oregon (Oregon Benchmarks program). Other state initiatives are underway in Washington, Iowa, Kansas and Minnesota, where a new state agency has been created to combine all service systems for children and families. Other sources for comparative analyses of services integration models and evaluative studies include Gomby & Larson (1992); Kagan et al. (1995); Wagner (1995); and Wang, Haertel & Walberg (1994). One of the more encouraging findings that has been documented repeatedly is that parents are willing and able to be participating partners in the service integration process (Friesen & Koroloff, 1990, Hanson & Rapp, 1992; Modrcin & Robison, 1991). On the basis of an analysis of parents' perspectives on comprehensive, integrated services for their children and youth with

emotional and behavioral disorders, Soderlund, Epstein, Quinn, Cumblad and Petersen (1995, p. 168) concluded that "parents will be empowered by a system of care that recognizes them as important participants and involves them in creating system service structures."

In some states and localities, the impetus to begin the transformation to school-linked services comes from sources identified with public education (Crowson & Boyd, 1993; Kirst & McLaughlin, 1990; Melaville et al., 1993; Parrish, 1994; Sailor & Skrtic, 1995). In other communities, the driving force can be found in the literature of the mental health field (see, for example, Burns & Friedman, 1990; Dollard et al., 1994; Duchnowski & Friedman, 1990; Jones & Hutchins, 1993; Miller & Yelton, 1991). The literature of primary health care, as yet, reflects relatively few policy discussions on service integration, but some information has appeared in public health and health delivery policy publications (Institute of Medicine, 1988; Reagan, 1992a, 1992b; Robert Wood Johnson Foundation, 1993; United States Department of Health and Human Services, 1992, 1994).

The Promise of School-Linked, Services Integration

To return to our themes of voice, participation and inclusion, each of these is evident in school-linked services arrangements when viewed from the perspective of the family member who seeks support. As we have seen, all needed contacts and supports are, in principle, available through the school, in the case of prevention models, and usually through initial contact with a single person located at or near the school. To enter the integrated system, then, one needs only fill out a single set of forms in most cases, be interviewed once and, most importantly, be an active participant in the process of selecting and/or constructing a potentially useful set of personalized supports and services. Instead of being a "case" that needs to be "managed," the system's consumers

work with a "broker" who helps them develop a plan to meet their family's current and projected needs.

In order for agencies to collaborate with one another and to share resources under these arrangements, they need access to a common consumer database that is shared across agencies. For this process to be realized, family members are being asked to sign "confidentiality waivers" and thus to relinquish some of the protections afforded by current agency-specific confidentiality requirements so that all agencies have access to the consumer data of each agency within the system. Although the costs of relinquishing such protections is recognized by consumers and service providers, most consumers appear to feel the tradeoff is worth it (New Beginnings, 1990).

Emergent services integration models often reflect idiosyncrasies of the communities they serve. As such, the policy transformation processes at the local level are driven by the political culture of particular neighborhoods in the community, which is often a source of strength and assistance to these communities (Gerry & Certo, 1992; Sailor et al., 1995, in press), even though it can pose another problem for program evaluators.

Where services to children and their families have previously been agency-focused in scope and application, the ideal under the services integration concept is to make the supports available in the community family-focused and community-managed. Another projected advantage of such arrangements, then, is that local citizens can see their tax dollars at work through family resource centers and other concrete service integration arrangements in their communities, rather than merely have faith in the established (and often entrenched, fragmented and incremental) service arrangements offered by large, abstract and distant state bureaucracies. When these local, integrated service arragnements are operationalized through local, participatory and inclusive mechanisms, emphasis can be placed on actual service delivery events and specifiable outcomes, rather than on narrowly defined existing agency services.

Conclusion

From the normative perspective of pragmatism, social policy is concerned with more than technical issues; it is concerned primarily with moral transactions and social relations (Blanco, 1994; Forester, 1989; Titmuss, 1968). In reconstructing their practices and discourses under the democratic framework of pragmatism, the social professions must promote social policies and professional practices that advance the idea of an inclusive system, one that "includes those aspects of social life that are . . . justified by [an] appeal to . . . identity or community . . . . to build the identity of a person around some community with which [she or] he is associated" (Boulding, 1967, p. 7). Inclusion and identity are central to social policy in a participatory democracy because their opposites, exclusion and alienation, threaten democratic community itself (Moroney, 1981; Rein, 1970, 1976). Moreover, because humans must learn to be democratic, social policy — particularly educational policy — must promote integrative systems because these are the types of institutional arrangements in which democratic identies, values and communities are cultivated through local, face-to-face relationships of direct give and take (Dewey, 1980, 1988a; Guttman, 1987).

Our intent in this article has been to provide a theoretical framework for considering the methods and value orientation that we believe are necessary to achieve to goals of the school-linked services integration policy agenda, as well as to show how these are related to the possibility of democratic transformation. In this regard, we have highlighted the notions of voice, participation and inclusion, principles of participatory democracy that we believe should guide efforts to integrate human services systems and to tie them to the social needs and political interests of local communities. In doing so, we have sough to provide readers with a set of criteria for judging the appropriateness of the methods and value orientation of reform projects and proposals, including those presented in the remaining article of this special issue of RASE.

With regard to method, the key question to ask is whether or not it is pragmatic, in the critical sense discussed above. That is, is it dialogical--does it conditionally accept all methodological and substantive perspectives, including those of consumers? And, if the method is dialogical, is it consequentialist--does it accept or reject methodological and substantive perspectives on the basis of their contribution to the realization of desireable social values? With regard to values, then, the key question is whether or not they are democratic--do they advance the ideals of liberty (voice), equality (participation) and, above all, community (inclusion)? Finally, given the affinity between school-linked, services integration reform efforts and those currently underway in public education itself, we believe that these criteria can and should be used to judge the appropriateness of the methods and value orientation of school restructuring and inclusive education reform projects and proposals as well.

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Notes

1. In an earlier RASE article (Skrtic et al., 1996, in press), we used the principles of voice, participation and inclusion to show the affinity among three reform efforts--structural reform of school organization (inclusive education and school restructuring), pedagogical reform of classroom practice (introduction of constructivist teaching and assessment practices), and institutional reform of community-based social services (school-linked, services integration). In that article we placed much more emphasis on the relationship between inclusive education and school restructuring, whereas we are more concerned here with the school-linked, services integration reform agenda per se. We also used the paradigm shift from positivism to constructivism, rather than the broader and more revolutionary shift from foundationalism to antifoundationalism (postmodernism), as our theoretical backdrop. Finally, we included a discussion of the organizational implications of pragmatic professional discourse, which has relevance to the present discussion (also see Skrtic, 1991a, 1995b).

2. In addition, postmodern theorizing tends to reject certain modern assumptions of social cohesion and notions of causality and "abandons the rational and unified subject postulated by much modern theory in favour of a socially and linguistically decentered and fragmented subject" (Best & Kellner, 1991, pp. 4-5). Its alleged abandonment of the "rational and unified subject" is a key point of criticism of postmodernism because, for many, it signifies a rejection of the modern faith in reason and collective action as a way to social progress. As we will see in text, however, only certain forms of postmodern theorizing reject the possibility of social progress through rational social struggle and collective action. For more on this point, see Stanley (1992) and Skrtic (1991a, 1995a).

3. Given their central place in what we have called radical Continental or antimodern postmodernism, the work of Derrida and Foucault initially was criticized as nihilistic and a threat to modern emancipatory values (e.g., Habermas, 1981, 1987). More recently, however, the postmodern theorizing of Derrida and Foucault has been recognized as reappropriations and refinements of modernist values even though they are based on a rejection of modern knowledge. For reviews of this point, see Best & Kellner (1991) and Stanley (1992).

4. Although Foucault understood disciplinary power as a form of subjugation, he did not use it in the sense of an intentional desire of certain people to dominate others. Instead, he used it in the unconscious or unintentional sense in which professionals, operating under the taken for granted assumptions and presuppositions of their field's knowledge tradition, have the effect of turning others into subjects. For more on this point, see (Skrtic, 1991a, 1995b).

5. For more on the key features of emerging school-linked services integration models, see Gerry and Certo (1992); Sailor (1994a, 1994b, 1996, in press); Sailor, Gee, and Karasoff (1993); Sailor, Kleinhammer-Tramill, Skrtic and Oas (1996); Sailor and Skrtic (1995); Skrtic et al. (1996, in press). For more on the complex processes of public policy transformation, see Agranoff (1991); Kagan et al. (1995); Kagan and Neville (1993); Melaville and Blank (1991); Melaville, Blank and Asayesh (1993); Packard Foundation (1992); Tyack (1992).

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Para Las Familias:
An Example of An Independent Policy Reform Model

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Abstract

This article describes a model demonstration program for children (and their families) in low-income neighborhoods of Austin, Texas. The model has been designed around the concept of a comprehensive school-community partnership to create a better coordinated and more comprehensive system for meeting the educational and developmental needs of all children and youth. Accelerated schools and other public and private agencies providing services and supports for children and their families are beginning to work collaboratively to optimize the educational achievement and overall development of every child. This effort is organized around a site-based, participatory management strategy, a core feature of accelerated schools. Three interconnected objectives drive the design and operation of these new school-community partnership/networks: (1) integrated, high-quality and cost-effective child development services, (2) improved family capacity and functioning; and (3) revitalized informal family support structures.

Background

This article provides a description of a five-year project that is in process. Para Las Familias is designed to both make a profound difference in the life of a depressed community as well as to yield important insights regarding the ways in which schools and other community-based agencies can work together to: improve overall educational outcomes, integrate high-quality and cost-effective child development services, improve family capacity and functioning, revitalize informal neighborhood support structures, and promote economic self-sufficiency of both youth and adult family members. Many of the ideas behind the project have been tried before in isolation or in a limited collaboration. What makes Para Las Familias unique is its integration of a range of important strategies including the attempt to provide Accelerated Schools (Levin, 1995) to make all students academically able. The Accelerated Schools project is a national educational reform that has emerged over the last decade as an attempt to bring all students into the academic mainstream through replacing remediation with acceleration and enrichment, an approach that is normally reserved for gifted and talented students (Levin, in press). There are presently more than 800 Accelerated Schools in 39 states, but this is the first attempt to combine accelerated schools with a full range of support services.

Para Las Familias is based upon a number of premises. Children grow and develop most successfully in stable and nurturing families. While American families have traditionally assumed the primary responsibility for economic self-sufficiency and the transmission of values across generations, over the last three decades, the capacity and resiliency of significant numbers of families to carry out these traditional roles has diminished. Compounding this problem has been the serious deterioration of both informal neighborhood organizations (e.g., block associations, tenant councils) and community institutions (e.g., public schools, settlement houses, businesses) which have played a central role in providing family support in times of unusual stress or need (Gerry, 1993).

Government has tended to respond to growing family dysfunction by creating numerous categorical programs, most of which lack a coherent sense of mission, and which, taken together, represent a fragmented set of policies to address the needs of children and families. On a day-to-day basis, children and

families most frequently encounter an inaccessible, highly uncoordinated array of narrowly focused services and benefits, targeted on different and often conflicting goals, and administered by different agencies, using inconsistent eligibility criteria and conflicting rules, and staffed by overspecialized professionals (Hooper-Briar & Lawson, 1994). The result of this fragmented approach is that few children and families with multiple problems are able to obtain the needed combination of services and supports (Gerry, 1993).

Educational success is particularly at-risk because of its causal relationship to health and nutritional problems and child abuse and neglect, factors which often disrupt school attendance and which can severely limit a child's ability to concentrate. In addition, high levels of family stress and social isolation are also associated with chronic poverty and lessen the likelihood that young children will have early experiences that support optimal intellectual development and "learning readiness" (Gerry, 1993).

In the face of these dramatic changes in the demography of childhood, it is perhaps not surprising that many public schools, overwhelmed by the social and emotional needs of children and families with multiple problems, are failing to carry out their basic educational mission. Regardless of this failure, many schools have become the default child service providers because there are few other institutional resources available in most communities (Gerry & Paulsen, 1995).

In our judgment, communities, not just schools, must assume the overall responsibility for children and families within the context of outcome- oriented strategies. The educational and human services literature is replete with numerous examples of single-strategy approaches to supporting children and families. The single-strategy approach is akin to house-building. In most cases a board left out here or there may weaken but not defeat the overall structure. In reality, the model must be much more akin to boat-building, where the omission of virtually any plank will completely undermine the overall enterprise.

It is our view that schools should be seen as learning organizations rather than comprehensive child and family service institutions. Schools and communities must create community-based partnerships/networks of children's services and family supports which seek to optimize the educational achievement and overall development of every child. In light of the current

fragmentation among public and private service providers, these networks will strive to integrate services across programs and agencies in order to improve access, quality and cost-effectiveness. From an administrative standpoint, legal, programmatic and financial responsibility within this collaborative partnership will be either explicitly allocated among agencies and across systems or explicitly shared by them. Finally, these new partnership/networks must be organized around a site-based, participatory management strategy, for no matter how neat and well arranged the service structures may be, "human chemistry" is often the crucial ingredient separating failure from success (Gerry, 1993).

Recognizing the inherent limitations of government and government-financed service providers, these partnership/networks will have the task of assisting families to take full advantage of the range of social and economic opportunities that are made available through the network. To accomplish this objective, the human and financial resources available within and to families must be expanded. In addition, informal community- and neighborhood-based systems which have traditionally formed the first line of support for children and families in crisis or under stress must be revitalized. These informal supports include a wide-range of child development and social services, many financed through charitable organizations, such as the United Way, churches, synagogues and business and fraternal organizations. These informal supports are most often provided through structures that rely heavily on volunteers and in-kind donations from local businesses.

In sum, three interconnected objectives should drive the design and operation of these new school-community partnership/networks: (1) integrated, high-quality and cost-effective child development services and schooling, (2) improved family capacity and functioning; and (3) revitalized informal family support structures.

The Austin Project

Para Las Familias emerged as a model from an earlier neighborhood development approach known as The Austin Project. From its inception in 1991, The Austin Project (TAP) has focused its primary efforts on ensuring that the residents of Austin's economically disadvantaged neighborhoods gain full access to the social and economic mainstream of the larger community. During its first

year (1992), TAP worked mainly as an intensive research and planning exercise. In September of that year, TAP defined its central mission as:

To marshal the resources of the entire Austin community to ensure that all of its members are able to participate fully in the social and economic mainstream.

and noted that while many of Austin's human services agencies provided high quality services to children and adults, large numbers of children and families in Austin with multiple problems were unable to obtain the needed combination of services and supports on a continuous basis because of the fragmentation of both service and administrative structures.

In establishing a vision for the economic and social transformation of Austin's low-income neighborhoods , five interrelated themes emerged:

(1) Emphasis within the current services systems should be shifted from maintaining dependency to income support through an adequate preventive investment relative to the scale of current problems;

(2) Continuity of services and supports must be ensured for every child from pre-natal care to entrance into the workforce;

(3) The economic and social development of low-income families and neighborhoods are interconnected and must be pursued aggressively and simultaneously;

(4) A neighborhood-based, integrated structure of comprehensive child and family supports must be created and maintained; and

(5) All elements of the Austin community, with special emphasis on the residents and institutions of disadvantaged neighborhoods, must be forged in an ongoing, working partnership to plan and bring about the envisioned social and economic transformation.

In the summer of 1993, TAP obtained substantial financial support from three national foundations (the Carnegie Corporation of New York, the Annie E. Casey Foundation and the Robert Wood Johnson Foundation) to undertake intensive planning efforts to translate TAP's overall vision into a comprehensive and detailed plan of action. During the nine months, TAP staff developed a twenty-year blueprint and implementation plan, first to develop and field test a prototype for the economic and social transformation and then to implement and institutionalize the prototype on a system-wide basis. Working with a cross-

section of neighborhood and community leaders, outcome goals (individual, community, and systems-change) were established, related outcome measures and targets developed, and principal service approaches (the strategies to be used to reach outcome targets) were identified.

In March 1994, as the first phase of TAP's intensive planning activity was concluding, the City of Austin decided to use the fruits of TAP's strategic planning work as the basis for a comprehensive, ten-year strategic plan for the economic and social revitalization of these neighborhoods. This plan called for the election of residents of low-income neighborhoods to serve on neighborhood development committees (NDCs). These NDCs would complete the planning process and assume ongoing responsibility for the management and evaluation of the multi-year transformation process. They would, in turn, be supported by a community-based strategic partnership known as SPUR (Strategic Partnership for Urban Revitalization) composed of all elected NDC members, local government officials, and representatives of business, and educational institutions, service providers, professional groups, and civic organizations.

With strong involvement of both TAP staff and neighborhood leaders, the Para Las Familias model demonstration was developed to begin the implementation of the SPUR vision. The election of NDC members has been scheduled for the Spring 1996.

Para Las Familias

A five-year model demonstration program for children, youth and families living in low-income neighborhoods of Austin, Texas has been designed around the concept of a comprehensive school-community partnership (Gerry & Paulsen, 1995). This model demonstration, Para Las Familias, is focused on the children and families living within the low-income neighborhoods served by the Andrews and Ortega Elementary Schools of the Austin Independent School District. Together, these two elementary schools enroll 1,000 children from pre-school to grade 5. Of these children, 42% are African-American and 54% are Mexican-American; almost 90% come from low-income families and more than 50% have limited proficiency in English.

Consistent with the SPUR vision, Para Las Familias seeks to optimize the educational achievement and the overall development (physical, emotional, social, and cognitive) of the children and youth in these neighborhoods and to support a successful transition from school to higher education or to stable, gainful employment on a high potential career ladder.

Para Las Familias functions simultaneously as both a strategic model and a community-based partnership, the membership of which includes TAP, the Austin Independent School District (AISD), the City of Austin, Child, Inc. (the regional Head Start provider), Austin Community College , St. Edward's University and the Austin/Travis County Community Action Network. Within the Para Las Familias model demonstration the emphasis of programs and funding will be shifted gradually from pathology and labeling to universal prevention. Accountability to families for outcomes is being established through a process that sets discrete performance benchmarks which are, in turn, based on agreed-upon performance indicators, and monitors actual events and outcomes on an on-going basis. Para Las Familias is organized into two sequential stages, Stage 1: The Pre-School and Elementary School Years, and Stage 2: The Adolescent Years.

Stage 1: The Pre-School and Elementary School Years

Stage 1 focuses on the creation of a network of children's services and family supports for pre-school children and children enrolled in the Andrews and Ortega Elementary Schools and their families. The most important components of this Stage 1 network are: (1) accelerated elementary schools, with effective linkages to early childhood services; (2) pediatric health clinics with visiting nurses; (3) family resource centers; and (4) developmentally appropriate early care (including up to two years of full-day, year-round Head Start).

Accelerated Elementary Schools.

The incorporation of Accelerated Schools as part of the model is a natural partnership because the Accelerated Schools approach is a community-based model of school transformation. The Accelerated Schools Project was established in 1986-87 with two pilot schools and has grown to more than 800 elementary and middle schools in 39 states and the District of Columbia in the 1995-96 school

year. It is dedicated to the transformation of schools with high concentrations of students who are educationally at-risk by shifting the school from a remediation approach to an enrichment one in which all children (including children with physical and mental disabilities) are treated as gifted and talented. Details on the project and its accomplishments can be found in Hopfenberg, et al. (1993) and Levin (in press).

The Accelerated Schools model builds on three principles which are also embedded in the Para Las Familias philosophy: (1) Unity of Purpose; (2) Empowerment with Responsibility; and (3) Building on Strengths. Unity of purpose means that the school staff, students, and families work together to design a school that will achieve an optimal future for the children and families of the community. This includes a study of what children need to succeed as citizens, workers, and personal development with clear and articulated goals. They also work together to establish practices and a system of assessment that will lead to the implementation of that school's transformation and the resultant school outcomes. There is a sharing of ideas, discussion, and collaboration in the home and in the school with an attempt to link the accelerated elementary school to both preschools on the one side and middle schools on the other. Unity of purpose is established by a process of taking stock of the strengths and challenges of the school and developing a vision of what the school is to become and then working together to achieve it.

Empowerment with responsibility refers to shifting responsibility for educational decisions and their outcomes to the school-based community. This means that the school must develop a system of effective governance as well as a process for making informed decisions. It also means that the school needs to create a pervasive system of assessment of results, since the school is also responsible for the consequences of its decisions. Accelerated Schools have a three tier governance process which includes school staff, students, parents, and community members. Cadres embracing membership from all of these groups meet weekly to devote themselves to specific priorities set out by the school in moving from its initial situation to its vision. These cadres use a problem-solving approach as well as a group process that uses time and human talent effectively. Representatives of the cadres and members at large constitute a Steering Committee which coordinates the activities of the Accelerated School in bi-

weekly meetings. All members of the school community constitute the School As a Whole, which meets quarterly (or as needed)to consider the recommendations of cadres and the steering committee and to suggest new directions. Everyone in the school must participate in governance and decision-making. When decisions are made, the school takes responsibility for designing, implementing, and assessing the impact of the intervention. Assessment is a focus throughout the school ("Assessing Accelerated Schools", 1995-96).

The third principle of building on strengths refers to both the use of all of the talent and resources of the community as well as the teaching and learning approach. Just as experience has demonstrated with both special education and gifted and talented programs, school staff in Accelerated Schools look for strengths and talents in all students and build enrichment and accelerated learning programs on those strengths. Research projects, community activities, school-wide themes that embrace all subjects, and other activity-based endeavors that result in projects and performances are used to involve all students in an exciting learning enterprise. Instead of looking for weaknesses among students (or parents and staff), the community builds on its culture, experience, yearnings, and talents. All members of the community seek these out in others and build on them collaboratively.

This particular educational approach is based upon a constructivist theory of learning in which it is assumed that humans construct their own understanding of knowledge through their experiences and applications of those experiences (Brooks & Brooks, 1993). Schools are assisted to develop powerful learning strategies that incorporate changes in the content or curriculum, in instructional strategies, and in the school context as it extends to school organization, climate, and resources (Hopfenberg, et al., 1993, Ch. 6-9). All of these are marshaled jointly to transform and accelerate the education of all children rather than the piecemeal approach that has been used traditionally where one aspect of the school is changed at a time (e.g., a new curriculum package, a new teaching technique, or an expansion of the use of computers). It is the consolidation of school change around the three principles that transforms school culture and supports the Para Las Familias philosophy.

It takes as many as five to six years to fully transform a school from its traditional operations through an accelerated process. The school is provided

with a trained coach who works with the school one day a week in advancing the process. The school continuously builds its knowledge and ability to work with the process as well as focusing on values of participation, community, experimentation, risk-taking, equity, and a view of the school as the center of expertise. Accelerated schools have obtained excellent results at very low cost (Accomplishments of Accelerated Schools, 1995). Evaluations showing strong results include multi-year comparisons with control schools (McCarthy & Still, 1993).

Begun in 1991 in Austin, the implementation of the accelerated school process has varied widely within the Austin Independent School District (AISD) elementary schools. The most successful of these schools (including both the Andrews and Ortega Elementary Schools) have been able to incorporate the accelerated schools process first into their Campus Improvement Plans and then into the day-to-day operation of classrooms. These schools, which have experienced rising test scores, high attendance, strong parent support and full inclusion of students with disabilities, will be the pilot sites for a specially designed early childhood link strategy for ensuring the successful transition from pre-school to the early elementary grades. Of particular interest is the fact that Accelerated Schools have experienced excellent results with full inclusion of special education students (Levin & McCarthy, 1996). Full inclusion through acceleration of the education of all students is central to the Accelerated School philosophy and practices.

Ortega has already won a number of national and state awards, and Andrews went from 64th out of 65 schools in Austin on the Texas Assessment of Academic Success to the 24th position in the last three years. The accelerated elementary schools will ultimately be linked to accelerated middle and high schools in order to provide an accelerated pathway from early childhood into higher education and/or the workforce.

Pediatric Health Clinics and Visiting Nurses.

Neighborhood pediatric health clinics will serve as the base of operations for the program of visiting nurses and will provide universal access for all children to preventive health care (including routine screening and immunization), primary health and mental health services, dental services, and

sick-child care. From the point of conception, visiting nurses will provide pregnant women with a proactive program of home and center-based prenatal care which includes nutritional counseling. After the child's birth, visiting nurses will provide perinatal care for both the mother and the infant/toddler throughout his or her first two years of life.

Family Resource Centers.

Because the developmental needs of children can not be readily separated from those of the family of which they are a part, the model demonstration will also include a neighborhood-based family resource center adjacent to each of the participating elementary schools. While the specific service profile of each family resource center will be determined by neighborhood residents, it is likely that each will: (1) support neighborhood-based, primary service activities (Wynn, 1993); (2) provide a base of operations for parent-teacher programs; (3) offer adult literacy instruction; (4) serve as an ongoing link to neighborhood child care providers; (5) provide family support services, including counseling, family preservation services, and short-term respite care for children; and (6) operate a job training initiative for underemployed and unemployed adults.

Primary services are a natural source of support for children and families within the neighborhood . They are usually provided by the staff and volunteers of neighborhood-based organizations, such as mothers-day-out, parks and recreation associations, toddler play and cooperative child care groups.

Working collaboratively with visiting nurses from first contact with pregnant women, parent-teachers will provide an ongoing, home-based program of parenting education, counseling and support. Family counseling, family preservation services and short-term respite care will be provided by the City.

In the Austin area, there is currently a severe shortage of persons qualified for entry-level positions in semiconductor wafer fabrication. To qualify for these positions, prospective employees must possess English language skills (oral, reading and writing) at the tenth to twelfth grade levels or higher. An adult education provider working with the Family Resource Centers will provide intensive adult basic skills education and training (i.e., English language skills: oral, reading and writing, and computation skills) for adult members of

neighborhood families in order to prepare them for employment in the from 3,500 to 5,000 new wafer fabrication manufacturing jobs which will be created in the greater Austin area over the next decade. Trainees will receive a training stipend at or above the minimum wage. Waivers will be sought to permit such earnings to be disregarded for purposes of public assistance eligibility.

Developmentally Appropriate Early Care and Head Start.

Developmentally appropriate early care consists of planned and sequenced activities which integrate environmental and child action variables, balance the need for child-initiated and teacher-directed activities with the need for child play, provide strong supportive interactions between children and well-trained and paid child care staff and resist external pressures for academic achievement at too early an age (Kagan, 1994). It requires a service environment which provides a coordinated, holistic approach to the needs of the child and family, including parent health education, family nutrition and preventive health care (Kagan, 1994).

Stage 2: The Adolescent Years

The four key components of the Para Las Familias model which are focused on youth services and family supports for adolescents are: (1) model accelerated middle schools and other middle school reform options; (2) a Youth Opportunity Center and adolescent health clinic; (3) a comprehensive drug abuse prevention strategy; and (4) a new accelerated career pathway into the semiconductor industry.

Accelerated Middle Schools and Other Reform Options.

The transition from elementary school to middle school is a critical time in the development of young adolescents. Not only are there frequent dramatic changes in classroom organization and instructional approaches (e.g., differentiated staffing), but there are significant changes in social organization and relationships. The relatively stable peer group of the elementary school years suddenly gives way to a much larger peer group that often includes peers from a much more diverse set of economic and cultural backgrounds.

Para Las Familias will experiment with several important modifications to the traditional middle school structure. These modifications include: (1) the establishment of small communities of learning within the middle schools where students and teachers are grouped together as teams; (2) an increased curricular emphasis on critical thinking skills and cooperative learning; (3) enhanced site-based management by principals and teachers; and (4) the creation of ongoing links between the middle school and various facets of the community through youth opportunity centers. The emphasis of the accelerated schools effort , both on site-based decision-making and strong parent involvement (collaboration) makes it highly compatible with these middle school reform efforts.

Youth Opportunity Center and Health Clinic.

A new Youth Opportunity Center (YOC) will be operated in central East Austin to afford adolescents (ranging in age from 11 to 18 years old) living in the Ortega and Andrews neighborhoods and their families ready access to all services and supports. The basic set of youth development services which will be offered by the YOC includes: (1) after-school support and tutoring, including supervised homework; (2) career education, career counseling, work experience and summer employment; (3) career development activities, including job shadowing and internships; (4) mentoring and peer support; (5) youth service opportunities; (6) creative and performing arts activities; (7) recreation and sports; (8) Upward Bound and other educational enrichment activities; and (9) an adolescent health clinic. This clinic will provide preventive and primary health care, mental health care (group counseling and short-term psychotherapy), and substance abuse treatment.

The SIHRY Drug Abuse Prevention Project.

The SIHRY (Strategic Intervention for High Risk Youth) Project is a drug abuse prevention program operated by the City of Austin and targeted on seventh graders between the ages of 11 and 13. The Project provides counseling, tutoring, after school and summer activities, work experiences and community safety initiatives for adolescents and their families.

The Accelerated Career Pathway.

Within secondary schools, work-based learning opportunities for youth are being dramatically expanded, and school-based and work-based learning strategies carefully integrated. Key components of this new secondary approach include high school career academies (e.g., the field of health care), expanded tech-prep pathways in every high school, and a new program of secondary and post-secondary youth apprenticeships.

In addition to these overall reforms, a special accelerated career pathway program targeted on assisting low-income youth to secure stable, gainful employment on a high potential career ladder has been established with the local electronics/semiconductor industry. Three key features of this accelerated career pathway are: (1) improved career guidance and exploration activities as part of the anticipated middle school reform; (2) special feeder patterns from these middle schools to a high school career academy dedicated to preparing students for direct employment (students will receive part-time wages) in the semiconductor/electronics industry and for higher education pathways established with a local community college and the University of Texas; and (3) a program of youth apprenticeships in the semiconductor/electronics industry for career academy students.

Para Las Familias in Operation

The central purpose of the community-based network embodied in the Para Las Familias model demonstration is to facilitate a better coordinated and a more comprehensive system for meeting the educational and developmental needs of children and youth. As a result, the establishment and ongoing operation of such a network necessarily entails the negotiation of new roles among service agencies and the development of a more collaborative decision making among previously autonomous public and private providers.

The day-to-day operating style is that of a joint enterprise collaboration, in which all participating service professionals and family members assume a joint responsibility for the achievement of child-specific outcome targets (e.g., school success, timely immunizations) (Gerry, 1993). Thus, the success or failure of all of the members of the joint enterprise collaboration is based on the collective

outcome of the collaborative network. Indeed, the ability of the members of a human services team to assist each other on a continual basis to enhance the overall outcomes is much greater than in most professional fields of endeavor.

Human chemistry is neither an exact nor a predictable science. Experience has shown that if a collaboration of service providers is not with children and families, it will be perceived as doing something to children and families. In the model demonstration, professionals will work with a particular child and family based on the collective judgment of the team as to who is most likely to possess the combination of skills and positive human chemistry needed to be most effective with this child and family. Para Las Familias links the information sharing, communication, and planning functions of a collaborative with the more authoritative efforts of traditional government structures. Its primary functions and responsibilities include: (1) agenda setting and strategy development; (2) coordinating fiscal strategies; and (3) maintaining accountability for child, family and educational outcomes.

Accountability to families for outcomes is ensured through a process that sets discrete performance benchmarks which are, in turn, based on agreed-upon performance indicators, and monitors events and outcomes on an ongoing basis. The latter task requires a comprehensive management information system capable of supporting the model demonstration.

Annual operating costs (over and above current expenditure levels) of $9,275,000 are required during the five-year model demonstration period to operate the network of children's and youth services and family supports described above. The plan developed by TAP for financing the model demonstration relies on a combination of existing resources (reallocated) and the acquisition of new resources from three outside funding sources. These new funding sources are: (1) dedicated property tax revenues generated by directed tax provisions applied to the taxation of new, capital-intensive facilities built within Travis County; (2) federal and state waivers (in combination with new fund matching strategies) which will increase both the level of Federal and state entitlement grant funding and the flexibility permitted with respect to their use (decategorization); and (3) public and private grant support.

A $1 million package of Federal loan guarantees and discretionary grant support (under Section 108 of the Housing and Community Development Act of 1974) for the construction of the Youth Opportunity Center needed for the Para Las Familias model demonstration has been approved by the Department of Housing and Urban Development. The Houston Endowment has awarded a grant to provide core staff support to complete the detailed design of the Para Las Familias model demonstration and begin in its initial operation early in 1996.

Building and Maintaining Constituency Support

In addition to its impact on children and families, the creation of a network of children's services and family supports necessarily affects the vested interests of several other constituencies within the local community. These political, professional and economic constituencies include elected officials, teachers, principals, human service staff, private service providers, and businesses. In most instances, a strategic negotiation process is necessary to build an alliance within the community which will effectively support the systems-change implicit in the model demonstration.

The active support of the teachers, principals and human service professionals who form the infrastructure of the community-based network of children's services and family supports is pivotal to building a strong constituency (Kirst & Jehl, 1992). The involvement of middle management is particularly crucial because these individuals serve as the link between the policy change implemented at the executive level and the change in action within the school community. They also act as the liaison between principals and teachers and the line staff of other social service agencies.

Conclusion

Communities, not just schools, must assume the overall responsibility for children and families within the context of outcome-oriented strategies. A five-year model demonstration program for children, youth and families living in low-income neighborhoods of Austin, Texas has been designed around the concept of a comprehensive school-community partnership and the creation of a community-based network of children's services and family supports which

seeks to meet effectively the needs of all children and families. At the center of this network are accelerated schools.

Schools adopting the accelerated schools strategy seek to transform and accelerate the education of all children rather than the traditional piecemeal approach. The Para Las Familias model demonstration seeks to create a better coordinated and more comprehensive system for meeting the educational and developmental needs of children and youth. The accelerated schools strategy focuses on values of participation, community, experimentation, risk-taking, and equity; a community-based network of children's services and family supports necessarily entails the negotiation of new roles among schools and human service agencies and the development of a more collaborative decision making process among previously autonomous agencies; in other words, the full implementation of an interdependent policy reform model.

Over the next five years, the experience of the Para Las Familias model demonstration should yield significant insights on how schools and other community-based agencies can work together improve overall educational outcomes, integrate high-quality and cost-effective child development services, improve family capacity and functioning, revitalize informal neighborhood support structures, optimize both the educational achievement and overall development of children and youth in these neighborhoods, and support a successful transition from school to higher education or to stable, gainful employment on a high potential career ladder.

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Service Integration and Beyond: Implications for Lawyers and Their Training

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Service Integration and Beyond: Implications for Lawyers and Their Training

By Martin H. Gerry

I. Introduction and Overview

Current school reform efforts have changed our expectations for both children and schools and have called into question important assumptions that underlie our system of universal public education. In order for the current generation of school reform efforts — all children achieving academically at high levels — to succeed, a child development and wellness[1] infrastructure must be created at the community level. This infrastructure must address both the comprehensive needs of individual children and their families (including healthy family functioning, access to preventive and primary health care and the availability of appropriate early care and education), and cross-cutting social and environmental factors that affect the physical, intellectual, emotional and social development and wellness of all children within a neighborhood or community (e.g., the prevention of accidental injuries, lead poisoning and adolescent pregnancy).

Several hundred Federal and state grant programs currently provide categorical services for children and families (e.g., health, remedial education and meals). Access to these programs is usually restricted through eligibility mechanisms that are based on what are perceived to be child or family "deficits." The focus of most of these categorical programs is narrow and remedial or "compensatory" (i.e., eliminate or reduce the deficit) rather than oriented toward prevention or wellness . Some of these programs are uncapped entitlements, others are capped formula grants or "block grants," still others are discretionary and competitive.

Service Integration and Beyond: Implications for Lawyers and Their Training

On a day-to-day basis, children and families seeking assistance encounter a veritable smorgasbord of different categorical benefit and service programs (with differing and sometimes conflicting goals) administered by different state and local agencies. Access to most of these programs is controlled by complex eligibility criteria. The services which are available through many of these programs are often compartmentalized, in part because the professionals who administer them tend to see child needs from a disciplinary rather than a holistic perspective.

In addition, the categorical grant/service approach to supporting successful child development, learning and wellness child and to this maze of programs and services, family services ignores the reality that the development, learning and wellness of each child is bound up with their friends and neighbors and the overall wellness of the community in which they reside (McKnight, 1995). As a result, this approach also fails to acknowledge the importance of a wide range of informal "primary services" that are not categorically funded and which can play a major role in enhancing both child development and family life (Wynn, *et al*, 1995).

Confronted by this fragmented array of categorical grant programs, few children and families, particularly those living in poverty and others with multiple problems, are able to obtain the assistance from this maze of disjointed programs which they need to optimize child development, learning and wellness. For these families, there is neither accountability which ensures access to all needed services nor accountability for actual child and family outcomes. The adverse consequences of the failure of this *non-system* to ensure the healthy development and overall wellness of these children are well documented (National Commission on Children 1991;

Gerry 1993). The impact of unmet child devel-opment and wellness needs (e.g., infectious disease, malnutrition, child abuse and neglect) on learning is direct and severe, manifested by disrupted school attendance, impaired ability to concentrate, the erosion of both self-confidence and self-concept, and the eradication of hope.

Impaired learning also results from high levels of family stress and dysfunction and from the social and economic isolation experienced by many of these children. These factors reduce the likelihood that children will have access to ongoing encouragement and active assistance from parents or other adults within the community which is a prerequisite for optimal development and "learning readiness" both at school entry and throughout the school years (Gerry, 1993; National Commission on Children, 1991).

Proposals for the radical restructuring of many categorical grant programs through the creation of a new wave of block grants are currently stalled in Congress. Regardless of the eventual shape of these block grants, it is unlikely that they will lead to any marked improvement in child outcomes or overall cost-effectiveness.

The current and fragmented array of categorical program s (e.g., entitlement, formula and block grant, and discretionary) has been designed by lawyers driven by a curious blend of interest group politics, concerns for social justice, distrust of state and local government, a desire to cut rising service costs, and an obsession with fiscal (and distinguished from outcomes) accountability.Mmany of these same lawyers have emerged as the eligibility gatekeepers and the fund-use police of the present categorical structures at all levels of government. They continue

to work actively to devise statutes, regulations, standards and procedures that perpetuate and institutionalize many of the features of categorical programs that both impair the ability of children and families to benefit from a particular program and create the greatest obstacles to the overall improvement of child development, learning and wellness. The work currently being done on some of the new Federal block grant and state devolution proposals are excellent examples of this pattern.

Service integration represents a set of strategies and processes to better coordinate a throroughly fragmented and inflexible array of categorical grant programs. Depending on both the historical and socio-political context, the goals of specific service integration initiatives have varied widely. Many have sought to use service integration as a tool to optimize child and family outcomes. Other efforts have appeared primarily concerned with maximizing the efficient use of available resources. A large number have sought to pursue both goals under the rubric of cost-effectiveness.

Another group of lawyers[2] are engaged in working with educators and other child and family professionals to design and implement school-based and school-linked service integration efforts. They work to design, govern, finance and manage initiatives which seeks to remove the legal and programmatic barriers to coordination and integration of child and family services which continue to be erected by the first group of lawyers.

This paper examines the background, history and current range of state and local services integration initiatives from the standpoint of their potential contribution to the contemporary

school reform movement. It concludes that service integration approaches — no matter how fully developed, financed and implemented — cannot meet demands for fundamental systems-change which have been generated by current school reform efforts, and outlines a more promising approach to accomplishing needed systems-change through the creation of a new, universal network of comprehensive, community child development and wellness systems. Finally, it also examines implications of current service integration initiatives for the work of lawyers and for their professional training, and suggests possible implications of the proposed shift to a new, community-based network of child development and wellness systems.

In writing this paper, the greatest difficult has been to keep a focus on the comparatively narrow topic — meeting the demand being generated by current school reform efforts for a compre-hensive, community-based infrastructure of child and family supports and the role which should be played by lawyers in meeting that demand either through service integration strategies or the more fundamental type of system-reform which is proposed.

The temptations to depart from this focus are many. Several of the topics (e.g., school reform , categorical programs, service integration, community building and development, trends in government financing) have been extensively explored in both the academic literature and through clearinghouse information exchanges. Other matters which are not addressed (or are addressed only briefly), such as the integration of categorical education programs within schools or the need in low-income communities to link service integration efforts (or child development and wellness systems) with comprehensive economic development, are, arguably, of

at least equal importance. Wherever possible, I have attempted to note various interesting but diverging lines of inquiry as places for further exploration.

In terms of the overall work which has been done to date, this paper seeks to make two original contributions. First, it seeks to move beyond categorical programs and service integration (with their inherent limitations) and propose the type of new network of community child development and wellness systems which will be needed if we are to achieve the goals of current school reform efforts. Second, after looking dispassionately and the roles currently being played by law, lawyers in creating and attempting to remedy the dysfunction of the *status quo*, it attempts to identify changes in the current and future roles and training of lawyers which will be needed if lawyers are to play a constructive role in fashioning a solution which meets the needs of a children and families.

Section II reviews the history and focus of the current school reform movement and explores the origins and history Federal categorical grant programs directly affecting child development and wellness, including pending Congressional proposals which would alter the structure and financing base of current categorical grant programs.

Section III describes the array range of current Federal categorical grant programs which are targeted on children and their families, including five important characteristics which have seriously impeded the ability of children and families to obtain needed services and supports on a continuous basis from this overall array.

Section IV traces the multiple roots of service integration, reviews alternative definitions, and sketches the variety of different approaches which are being currently pursued under its aegis. It discusses the inherent reasons why service integration approaches cannot create the needed infrastructure of child development, learning and wellness supports, and discusses the impact of laws and legal institutions in contributing to the underlying problems addressed by service integration and the varied roles of lawyers both in perpetuating and trying to overcome these problems. The implications of these many and varied roles within current service integration efforts for the professional training of lawyers are also addressed.

Section V explains why the categorical program-service integration strategy cannot seras an effective base on which to build, the needed infrastructure of child and family support systems, and concludes by presenting some guiding principles for moving beyond the categorical program-service integration strategy to a more comprehensive system reform.

Section VI outlines the type of community child development and wellness system which must be created if current school reform efforts are to succeed and briefly explores the roles which lawyers might play as architects, brokers and mechanics of system reform.

II. Background

Current school reform efforts have changed our expectations for both children and schools and have called into question some of the basic assumptions and structures that underlie our system of universal public education. This section discusses the goals and demands of the current school reform movement, traces the evolution and proliferation of Federal categorical grant

program s which affect child development, learning and wellness, and reviews sweeping block grants proposals now before the Congress.

School Reform

Due largely to major shifts in what the nation wanted from its schools, this century has witnessed several successive waves of "school reform" (Graham, 1993). During the first quarter of the century (i.e., 1900 to 1925), American society saw the assimilation of the children of immigrants as a central responsibility of the public schools. From 1925 to 1955, increasing school attendance was the educational hallmark of the era of "progressive education," as many educators to believe that academic learning was useful for some but not necessary for all and that mastery of the curriculum was less significant than simply participating in school life (Graham, 1993).

During the period 1955 to 1983, the primary focus of school reform was on expanded and improved "access," primarily for groups of children (e.g.,poor children, children of color, girls and children with disabilities) who had been previously denied equal educational opportunity. While educators were generally eager to increase "attendance," their enthusiasm for increasing access was much harder to discern (Graham, 1993). While the impact of reform during this period on school access was substantial, its primary emphasis was on process and not on issues of educational achievement. Nevertheless, by 1983 , America had achieved universal public education schooling with much broader access to our educational institutions than had ever existed in the past. As Patricia Graham observes:

> "***Our past is not perfect, but the country essentially got what it wanted from its schools. Maybe it should have wanted something else, but the schools delivered what the nation sought.***" (Graham, 1993).

In 1983, we began our fourth major school reform effort of this century by adding universal academic achievement to the list of activities that schools are expected to undertake. In that year, *A Nation At Risk* declared that "Our nation is at risk because of a rising tide of mediocrity" (National Commission on Excellence in Education, 1983). Unlike earlier reform efforts , the school reform movement[3] triggered by *A Nation at Risk* raises our expectations for both children and for schools. Premised on the radical assumption that **all** children can achieve academically at high levels, this report seriously questioned some of the basic assumptions and structures that underlie our system of universal public education. If our schools are not working very well for any students, then perhaps fundamental shifts in governance and authority relationships and organizational structures which support schooling are in order (Graham, 1993).[4]

Three years after the report was published, 41 states had raised their high school graduation requirements, 33 states had initiated student competency test, 30 states had begun to require teacher competency tests, 24 states had started teacher career and salary enhancement programs (Parker, 1995). But, did these changes really represent serious progress toward achieving the overarching purposes of the reform — ensuring high levels of academic achievement for all children? The general consensus has ranged from "no" to a hesitant "maybe" (Holton and

Goroff, 1995; Asayesh, 1993).

Jonathan Kozol writing in 1991 describes public schools as simultaneously more separate and less equal than they had been 30 years earlier, noting that racial segregation persists and is largely unchallenged, and that poor children in the America are condemned to schools that are under funded, understaffed, physically crumbling, and full of despair (Kozol, 1991). Graham has observed that this era of school reform may not prove as successful as its predecessors in meeting public expectations for three reasons. First, while our schools have been historically very successful in educating healthy, well-motivated children of stable, supportive families, the fraction of such children currently enrolled in the public schools is diminishing. Second, high levels of academic achievement has never been widely expected of students in this country. Third, while circumstances for children have become more difficult[5] and expectations for schools have dramatically expanded, we have not strengthened our schools (Graham, 1993).

In a recent ten-year retrospective on *A Nation at Risk*, several prominent school reformers voiced the opinion that while the report established the need for educational reform and was good politics, it identified the wrong problems and suggested the wrong answers. For example, Phillip Schlechty comments that *A Nation at Risk* failed to recognize the need for reinventing systems, focusing instead on improving the current system. Ted Sizer, agreeing that the report was "on target politically, " observes, however, that the report was not on target substantively. Hank Levin has criticized the report for promoting "top-down" reform without a deep philosophy of helping schools succeed (Asayesh, 1993).

More recently, Graham has argued for "social reform" and not just school reform. This broader focus — family and community support, expanded access to health care and high quality early care and education — she asserts, would necessitate changes in all of us and not just in the schools (Holton and Goroff, 1995). Such a social reform must involve families, neighborhoods and communities, because schools cannot succeed without their active assistance. Echoing these thoughts, John Goodlad has observed that the direction of change is far more the community as a whole than the school, and Phillip Schlechty has called for an equal emphasis on community restructuring and school restructuring (Asayesh, 1993).

Another prominent school reformer, Ted Sizer, has argued that until an infrastructure of support systems exists within the community to address all of the non-schooling problems of children, our schools will not be able to devote the time needed for education. Hank Levin sees the need for a broad-based movement concerned not only with schools but with home life, reducing the current stresses on parents, health services for children, and community supports (Asayesh, 1993). Site-based governance, a hallmark of Levin's accelerated schools process, naturally leads to new relationships among schools, parents and the community which surrounds the school (Hopfenberg and Levin, 1993).

There appears to be little disagreement with Graham 's recent assessment that our schools are not well equipped or adapted to serve all the many needs of American children, nor with her call for a strategy that focuses not only on schools but on the broader needs of children, children who require and deserve support from a varied fleet, not just from a battleship, nor

with her observation that (Holton and Goroff, 1995).[6]

School-Based Children's Services

Until the late Nineteenth Century, American social policy operated on two core assumptions. First, it was assumed that children lived in intact families[7] who would provide for their own economic self-sufficiency, look after their own social well-being, and raise their children successfully.[8] Second, it was further assumed these families, when confronted by problems or even crises, could call upon both the personal and economic resources necessary to assess problem situations and make and implement informed choices.

Buttressing this conviction, was the further assumption that if families were unable to cope with unusual and severe demands on their resources, then neighbors, fellow parishioners and other concerned community members would be there to help them (McKnight, 1995; Olasky, 1992). Indeed, throughout this period, a network of community institutions, religious organizations and local associations, autonomous from state control, played the central role in providing support to the family in times of unusual stress or need when demands overwhelmed the capacities of individuals and families (McKnight, 1995; Gerry, 1993).

From the late Nineteenth Century and well into the Progressive Era of school reform, the healthy development of large numbers of children in immigrant families in the crowded ghettos of many of America's cities was threatened by a range of serious and persistent health, family and environmental problems. Beginning in about 1890, social reformers such as Jacob Riis and Robert Hunter began to call for school-based health and social services to prevent or remedy the

ill health, hunger and neglect of immigrant children attending the nation's urban schools . Middle class parents, it was assumed, were able to provide what was needed for their children.[9]

Most of these early school-based programs were based on a deficit model that assumed that immigrants not only knew little about proper health care, dental care, or nutrition, but that they did not know how to raise children. Virtually, all were local initiatives in urban areas created by school systems working in collaboration with both professional (e.g., doctors) and non-professional (e.g., women's organizations) voluntary groups. The impetus for most came chiefly from forces outside of the schools who saw the schools as an attractive locus for health and social service reform.(Tyack, 1993).

Despite the fact that during the 1920s the American Medical Association denounced school clinics to treat indigent pupils, physicians and dentists took the lead in introducing health and dental services in the schools. Indeed, these services became highly touted panaceas of the Progressive Era. With respect to school-based social services, nonprofessional voluntary groups were most often responsible for the adoption of reforms. These groups provided free or inexpensive breakfasts and lunches, vacation schools and playgrounds and other recreational facilities for the out-of-school hours. New forms of school-linked social work and counseling were pioneered, as "visiting teachers" often served as advocates for immigrant families seeking to adjust to a new land (Tyack, 1993).

By 1928, the evolution of school-based health and social services had come far enough for one prominent sociologist to recommend that all agencies working with neglected and behavior-

problem children be coordinated under the aegis of the school (Eliot, 1928).

Federal Categorical Grant Programs

Prior to the passage of the Social Security Act in 1935, the role of the Federal Government in supporting the healthy development of children was a small one (Gardner, 1994; Olasky, 1992).[10] Indeed, in 1935 , even the roles of state governments in child development were generally limited to responsibility for free, public education, protecting child health through quarantine and immunization, and ensuring the welfare of children who were orphaned, neglected or delinquent (Olasky, 1992).

It was during the *New Deal* that the earlier trend of addressing the expanded needs of poor children by investing public money (chiefly local) into the general support for the public schools, was replaced by an effort to focus Federal money directly on the health and social service needs of poor children. As Olasky summarizes it:

> ***The New Deal also sold itself by emphasizing the traditional goal of helping widows and orphans (with perhaps some wiggle room for deserving women with disabled husbands). Backers portrayed the "Aid to Dependent Children" provisions of the Social Security Act of 1935 as merely an expansion of the mothers' pension programs established by most states during the 1910s... The program's emphasis on making it possible for bereaved mothers to stay home with their children — and out of the labor market, thus leaving open a job for a male bread winner — seemed incontestable."***

The school-based health and social services that survived the financial retrenchment that occurred during the Great Depression and World War II were chiefly those that enjoyed external support from influential constituencies (such as doctors and women's groups) and those that did

not challenge the central core of classroom instruction or require teachers to behave differently.[11] On the latter point, the original intent of some of these programs had to be altered to better mesh with the school operations (Tyack, 1993).[12] During the 1950s, school reformers continued to press for expanded, school-based social services for virtually all students and their families (Tyack, 1993).

From the mid-1960s through the early 1980s, Government (both state and Federal) enacted hundreds of additional categorical grant programs in an effort to intervene directly to solve a broad range of problems[13] experienced by various categories of children and families (Gerry, 1993). These programs fell into three major categories: (1) uncapped entitlements (e.g., AFDC and Medicaid); (2) capped formula (e.g., Title I; WIC) and "block grants" (e.g., the Maternal and Child Health and Social Services Block Grants); and (3) discretionary grants (e.g., Head Start).

In an uncapped entitlement program (such as AFDC and Medicaid), states and localities *draw down* Federal funds as needed to meet the actual costs of providing *covered* services to *eligible* individuals. In most of these programs,[14] however, before Federal funds can be drawn down they must be matched with funds from a non-Federal (usually state or local) source.[15] In contrast, in formula or "block" grants programs (such as Title I and the Maternal and Child Health Block Grant), a fixed (or "capped") grant is made to each state on the basis of a formula related to the number of potential categorical beneficiaries within the state.[16] Like formula and block grants, discretionary grants operate within a fixed or capped budget. However, unlike formula and block grants, grant awards are competitive and discretionary, and therefore, no

state or community is guaranteed any amount of annual grant funding.

Federal Entitlement and Discretionary Grant Programs

By 1960, a total of 132 Federal categorical grant programs had been enacted by Congress. Virtually all of these grants were discretionary and the amount of money involved was quite small (Tyack, 1993). However, apart of the *Great Society*, the number of Federal categorical grant programs increased almost tripled (from 132 to 379) during the period 1960 to 1968. This proliferation of new Federal programs was predicated on a radical redefinition of roles:

> ***... the federal government perceived that it had the resources, technical and administrative capacity, and the will to undertake a major enrichment of domestic public services while the state and local sector had the traditional responsibility for such service delivery. The mismatch was bridged by a proliferation of categorical grant programs that enlisted states and localities as agents of the federal government*** (Reischauer, 1986).

These new grant programs were all either uncapped entitlement (e.g., Medicaid) or discretionary grant programs.

Several factors contributed to this rapid growth of categorical programs. **First**, in a broad range of program areas (e.g., education, health, child welfare) triangular relation-ships existed (and continue to exist) at the Federal and state levels among professional organizations, legislators and their staffs, and executive branch specialists in the same area. Working together, this coalition helped to expand the number of separate Federal categorical grant programs by arguing that a combination of special expertise and dedicated or targeted funding was needed to ensure that vulnerable populations of children actually received needed

services (Gardner, 1994). The resistance of several states and hundreds of localities to the equal educational opportunity guarantees of new Federal civil rights laws, argued strongly in favor both of a Federal program base and of strict eligibility and fund use requirements which would prevent state and local governments from subverting basic program purposes.

It is not coincidental that the proliferation of these categorical children's programs complemented the *expanded access* thrust of school reform (discussed above) which, in turn, closely tracked the expansion of Federal civil rights guarantees for children.[17] During this period, persons and organizations devoted to various social causes began to articulate their concerns about injustice in the language of rights and entitlements rather than fairness (Glendon, 1993; Rawls, 1971). The children at the center of these converging movements were the same: children of poverty, color and with disabilities.[18]

Second, the creation of new categorical grant programs represented an excellent political oportunity for legislators to take credit for meeting the needs of various groups of children and families by creating new programs, even if they are actually funded only at token levels). Moreover, by creating an array of categorical programs with multiple, overlapping eligibility requirements, both benefit and services can be added incrementally to certain subsets of families without their cumulative impact on the budget becoming apparent (Gardner, 1994).[19]

Third, the expansion of categorical programs, particularly in the area of "program-matic social services" (e.g., child care, family counseling, drug abuse prevention) created sign-

ificant new fields of employment for a large labor force of service workers drawn primarily from the middle and working classes. These new jobs also served as a major source of women newly entering the labor market. Thus, the growth of categorical grant programs was accompanied by the creation of a powerful lobby of new service professionals who were econoimically dependent upon them (McKnight, 1995).

Finally, the expansion of categorical programs targeted on children and families was also fueled by a desire to use Federal grant money as an enticement to raise the quality of services which were being provided to all children and to particular subgroups of children. For example, states seeking to participate in the Medicaid program and localities interested in operating a Head Start program were required to establish (or raise exisitng) licensing and credentialing standards in order to receive the new Federal funds. As a result, the creation of new categorical programs became a popular mechanism for attempting to circumvent states in establishing new national standards (Gardner, 1994).

Federal Block Grants

Between 1940 and the early 1960s, the first calls for what would later be labeled "block grants" be heard. Noting the excessively fragmented nature of the hundred or so Federal categorical grant programs that then existed, critics argued that Federal funding streams needed to be consolidated and that states and localities should be given nore flexibility in setting program priorities (Hayes, 1995).

The Early Block Grants

On the heels of the extraordinary expansion of Federal entitlement and discretionary grant programs during the late 1960s and early 1970s, several critics revived the earlier call for blocks grants. They saw the block grants strategy as a way of bringing order and simplicity through administrative reform to a set of structures which at the Federal level were inherently inefficient and ineffective (Schultze, 1968; Pressman & Wildavsky, 1984).

During the 1970s, with the support from the Nixon Administration and the nation's mayors, the Community Development and Social Services Block Grants were created. A third program reform, the Comprehensive Employment and Training Act (CETA) , was also enacted by Congress as a "block grant" but was quickly restructured into a large Federal formula grant. A major factor in gaining the political support necessary to create these early block grants were overall funding increases tied to each package (Hayes, 1995).

The OBRA Block Grants

The first major block grant legislation, however, became law early in the Reagan Administration with the passage of the Omnibus Reconciliation Act of 1981 (OBRA). OBRA created nine new or revised block grants which consolidated 57 separate Federal discretionary grant programs. The major thrust of this legislation was to transfer important program decisions and administrative authority from the Federal government to states. Within the OBRA block grants, states were given broad discretion to decide what programs and serves to provide as long as they were related to the categorical goals of the overall block grant (Hayes, 1995).

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These new block grant programs involved several areas directly related to child development, learning and wellness, including health prevention, maternal and child health, substance abuse and mental health, and education.[20] Unlike the earlier block grants, OBRA was used openly as a device for reducing overall Federal spending (Hayes, 1995).[21]

Following the passage of OBRA in 1981, most states did not radically alter the programs, management systems and service delivery structures which they had used before consolidation (Hayes. 1995). In addition , most states found a way to offset the Federal funding reductions which accompanied OBRA. In fact, during this same period, states took steps to offset important cuts by the Federal Government in other categorical aid programs such as Medicaid (Nathan & Doolittle, 1984). This was made easier by the fact that virtually all Federal entitlement programs (with the exception of AFDC and Medicaid) with "matching" requirements had been capped by 1980.

The impact of OBRA implementation on the provision of services to disadvantaged children and families (including children living in poverty, children who are members of racial/ethnic minority groups, and children with disabilities) was adverse, but not catastrophic. In programs employing income eligibility standards, states generally tightened their focus, thus excluding from services large numbers of children living in near-poor or working poor families. Under the education block grants, states redefined "need" in a manner which shifted funds away from big city schools with high concentrations of minority children (Hayes, 1995).

In practice and over time, the state flexibility intended by OBRA was diminished

substantially by two major factors. **First**, Congress recategorized or increased categorical restrictions under several of the block grants, chiefly by creating categorical set-asides and expenditure ceilings. For example, in the Maternal and Child Health Block Grant, Congress directed that 60% of the total grant be spent on specific types of services limited to specific target populations. **Second**, the failure by Congress to increase Federal funding of the block grants despite rising service costs, left states with little choice but to begin restricting eligibility through categorical approaches (Hayes, 1995).

The momentum for block grants which seemed so tremendous in the early 1980s had virtually disappeared by the end of the decade for several reasons. Block grants, by their nature, lack a clear expression of purpose and, thus, clear political constituencies. Because block grants were accompanied by significant fund cuts, it proved difficult to show tangible results or successful outcomes which were clearly attributable to them. Finally, because of their inattention to problems of equity and fairness, vocal constituencies were able to successfully attack them for short changing vulnerable populations of children and families (Hayes, 1995).

Ironically, creation of the OBRA block grants did little to stem the growth of Federal categorical programs. In fact, between 1980 to 1994, the number of separate Federal categ-orical grant programs actually increase by over 65% (i.e., from 300 in 1980 to over 500 in 1994).

THE PROPOSED "CONTRACT WITH AMERICA" BLOCK GRANTS

Since the mid-term elections of 1994, Congress has been working aggressively both to reduce the levels of Federal government expenditures across virtually all *categorical* programs

and to decentralize their administration, chiefly to state governments.

On March 25, 1995, the House of Representatives passed H.R. 4, a bill which would dramatically alter the structure of important Federal entitlement and formula grant programs. If enacted, H.R. 4 would replace AFDC with a capped block grant, repeal the AFDC-linked JOBS program, and create separate Capped, block grants for child care, child welfare and child nutrition. The bill would also limit Food Stamp benefit increases and further restrict eligibility of children for Supplemental Security Income benefits. Its overall effect would be to cut approximately $15 billion per year from current Federal entitlement grants targeted on children and families, while increasing discretionary grant spending by about $3 billion per year (Congressional Research Service, 1995).Other pending legislation in both houses of Congress would cap and significantly reduce Federal funding support for Medicaid.

It is significant to note, however, that despite of their apparent political momentum throughout the first half of 1995, none of these proposed block grant reforms have actually been enacted. It now appears that major action on both the welfare reform and Medicaid block grant reform packages is stalled until at least early 1997.

While, in theory, the substitution of new block grants which consolidate and cap currently open-end entitlements and formula grants should create substantially increased flexibility in both service eligibility and the use of funds for child and family services at the state and local levels, a close look at the language of some of these proposed reforms and the history of the OBRA block grants strongly suggest otherwise. In practice, many of the old strings have simply been

replaced by new ones tuned to a more conservative pitch. For example, state discretion in the use of AFDC funds at the community level is seriously restricted by a whole set of Federally imposed strings concerning marital status and family composition of potential beneficiaries. Similarly, proposed Medicaid legislation would severely restrict the types of family planning services which a state might elect to provide to at-risk teens or pregnant mothers. Moreover, if this new block grant legislation were to pass, governors, faced with serious triage problems because of the reality of the severe fund cuts which would accompany these new block grants, are just as likely as Congress to set their own "categorical" restrictions on the use of block grant funds when they reach the local level.

In sum, I believe that while the "titanic" Contract With America block grants, if enacted, might accomplish a significant shift in the responsibility and authority for current categorical program *deck chairs* from the *Federal deck* to the *state deck*, I think they would accomplish little in terms of the fundamental redesign of the vessel — the redesign necessary to prevent the ship from a fatal collision with the economic and social icebergs[22] now surfacing at a rapid pace.

III. The Current Array of Federal Categorical Grant Programs

The FY 1991 Budget approved by Congress and signed by the President included over 550 separate Federal grant programs. Of these, over 90 were operated by the Department of Education, most at an annual level below $15 million. Almost 200 additional programs were targeted on the health and social services needs of children and families. Government-wide, during the same fiscal year, 77 Federal programs targeted on children and families expended funded at levels in

excess of $100 million (Bureau of the Census, 1993b). These programs address covered a broad range of categorical areas related to child development, learning and wellness, including elementary and secondary education,[23] maternal and child health,[24] food and nutrition,[25] early care and education,[26] and child welfare and family support services.[27]

Most current Federal categorical grant programs for children and families share five important characteristics: (1) categorical restrictions on access; (2) categorical restrictions on the services and supports which can be provided; (3) perverse funding incentives and disincentives; (4) a crisis rather than a preventive orientation; and (5) administrative fragmentation and impaired outcome accountability.

Restricted Access

The vast majority of Federally funded grant programs that affect child development, learning and wellness contain categorical restrictions which dramatically limit program access. The central feature of every categorical program is an *all-or-nothing approach* in which access to needed services (e.g., food, health care) is conditioned on the presence or absence of a particular secondary characteristic of the child or family, such as poverty, disability, or even participation in another categorical grant program.

The use of these categorical eligibility standards results extraordinary equity problems on the thresholds of eligibility, with large numbers of children and families with multiple service needs being found ineligible. For example, Medicaid and AFDC eligibility extend to less than 50% of children now living in families with incomes below 80% of the poverty

level, 21% of children in families with incomes below the poverty level, and 26% of those in families with incomes between 100% and 150% of the poverty level (Farrow and Joe, 1992).

Restrictions on Services

Although the breadth of the numerous Federal categorical programs targeted on children and families (described in detail above)appears impressive, most have narrow categorical service definitions which severely restrict the use of funds to promote child development, learning and wellness.[28] For example, despite the fact that parental literacy is generally acknowledged to be an excellent predictor of child health status, few categorical grant programs would permit funds to be used to provide short-term child care so that single parents could learn to read.

Perverse Incentives and Disincentives

In practice, most categorical programs work to punish rather than to reward program success. Because the bias of most child and family services programs is to provide financial support for services to those least well served by the current system, often the only feasible way to increase categorical program support is to demonstrate the ineffect-iveness of current structure services and supports. For example, if the measures of child well-being increase, the potential for continued funding may be actually jeopardized. It makes no sense to operate programs which reward those communities who serve at-risk children poorly while penalizing those communities who serve the same type of children well. Indeed, the principal measure of "success" for providers has become input (i.e., has the budget level grown?) rather than output (i.e., how many needs were met or problems solved?) (Gerry, 1993).

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A Crisis Rather Than Preventive Orientation

Many of the most important categorical child and family social and human service programs suffer from a crisis-orientation.

> ***Most are triggered only when a child's problem or family dysfunction has prog-ressed to the point that family stability is threatened. Funds are available only in response to a clearly diagnosed problem usually a problem that has gone unattended for some time*** (Farrow and Joe, 1992).

These restrictions make it virtually impossible to finance a child development and wellness system whose core values are heavily oriented toward prevention and early intervention.

Fragmentation and Outcome Accountability

Management responsibility for federal and state child and family service programs is widely dispersed at the state and local government levels. States, mostly mirroring the federal administrative structure, have turned the day to day operations of these programs to numerous, different state and local agencies (Gerry, 1993; National Commission on Children, 1991). As a result, most children and families encounter an inaccessible, highly uncoordinated array of narrowly focused services and benefits[29] — targeted on different and often conflicting goals with inconsistent eligibility criteria and conflicting rules, administered by different agencies and staffed by overspecialized professionals (Gerry, 1993; National Commission on Children, 1991).

It is hardly surprising, given this disjointed, fragmented and incomplete non-system, that no service professional or even agency is accountable to a particular child and family for the effective provision of all services that the child needs. As aresult, without the skill,

time, or resources to navigate these fragmented program structures, most children and families (particularly those with multiple and severe problems) are unable to gain access to needed[30] children's and family services in a coordinated and continuous fashion.

From the standpoint of prospective system-reform, the need for outcome accountability is at the center of numerous proposals. Sid Gardner, in a recent discussion of the difficulties of achieving a balance between the "burdensome" and the "protective" aspects of categorical grant programs observes:

> ***A shift away from categorical funding would have to be coupled with outcomes-based accountability to achieve a new balance between (1) efforts to safeguard equity and quality by regulation (a legitimate public policy goal) and (2) efforts to encourage the exercise of responsiveness, flexibility and discretion in the provision of human services (which are the characteristics of service provision that seem to be associated with the achievement of improved outcomes for children and families – an equally legitimate policy goal)*** (Gardner, 1994).

Although not approaching the question of outcome accountability from the perspective of reforming categorical grant structures, Osborne and Gaebler also link system reform to outcome accountability in describing *result-oriented government*, where output rather than input is the principal focus and rewards are established for "success" (Osborne and Gaebler, 1992).

IV. Service Integration

The demand for ***service integration*** arose from the proliferation of categorical programs and, as a result of the interaction of the five characteristics discussed above, the persistent failure of large numbers of children and families to gain access to needed children's and family

services. Against, this backdrop, *service integration* emerged as both a strategy and a process which could an be used to offset some of the worst features of the disjointed array of categorical programs. In this regard, there would appear to be a positive nexus between current school reform efforts and many current service integration initiatives.[31]

This section discusses the evolution, conceptual underpinnings and current manifestations of service integration, including the broad diversity of goals, governance and organizational structures, and coordination approaches which are in use. It explores the implications of service integration for the current generation of school reform efforts, and discusses the roles of lawyers, particularly within the context of school-based and school-linked service integration efforts.

The Evolution of Service Integration Efforts

As is discussed earlier, as the great expansion of Federal entitlement and discretionary grant programs occurred during the late 1960s and early 1970s, several political figures and scholars expressed concern about the proliferation of these programs and the inability of the Federal Government to manage centrally what were in reality local initiatives (Schultze, 1968; Pressman & Wildavsky, 1984).

This viewed was shared by important officials of the Nixon Administration, including HEW Secretary Elliot Richardson. In 1971, Richardson launched a major initiative to integrate "allied" services across categorical areas. Research and demonstration projects were funded,[32] technical assistance on service integration was provided to states and localities, and "allied

services"legislation was prepared and submitted to Congress which would have greatly aided *service integration* efforts at all governmental levels. During this period, Congress also imposed specific planning and accountability requirements at state and local levels.[33]

By the end of the 1970s and throughout the 1980's, the *service integration* agenda became effectively subordinated to the OBRA block grant strategy (described in detail above). However, by the mid-1980s, *service integration* activities at the Federal and state levels were revived with the original service coordination[34] emphasis.[35]

At the state level, numerous state and local *service integration* initiatives have come and gone over a twenty year period. However, New Jersey's school-linked service initiative is one of the very few which has been continuously in place over a decade. Most of these initiatives have been motivated by a desire for more efficient and effective use of scarce resources. They have also increasingly been seen as effective mechanism s for responding to growing demands for greater accountability.

Defining Service Integration

A review of the literature related to *services integration* reveals that despite the nearly thirty-year history of *service integration* initiatives at all levels of government, "a clear and agreed-upon definition of service integration has remained elusive " (Kagan and Neville, 1993). Over the last 25 years, numerous definitions of *service integration* have been suggested. Early definitions fluctuated between seeing service integration as a strategy or a process.

Strategy-oriented approach defined *service integration* a the strategies needed to solve

pervasive service delivery problems (Rein, 1970)[36] or to enhance he effectiveness, efficiency, and/or continuity of comprehensive service delivery" (Lucas, 1975).[37] More recently, *service integration* has been defined as one or a combination of strategies to: (1) remediate identified problems; (2) intervene early to respond to warning signs; (3) prevent foreseeable problems; and (4) strengthen family self-sufficiency (Levy and Shephardson, 1992).[38] Others have defined *service integration* as a strategy for removing administrative and programmatic barriers which ultimately frustrate the accomplishment of overall service goals for children and families (Gerry and Certo, 1992).

Early process-oriented definitions of *service integration* [39] gave way to more elaborate definitions that viewed *services integration* as a process for: (1) coordinating service delivery; (2) developing a holistic approach to the individual and family unit; (3) providing a comprehensive range of services locally; and (4) rationally allocating resources at the local level so as to be responsible to local needs (Agranoff and Pattakos, 1979).[40] Almost 15 years later, *service integration* has been defined as a *process* which incorporates one or more of the following approaches: (1) client-centered integration;[41] (2) program-centered integration,[42] (3) policy-centered integration,[43] and (4) organizationally-centered integration (Kagan and Neville, 1993).[44]

In the last decade, the literature on *service integration* has begun to reflect a greater definitional concern for goals and outcomes rather than simply process or structure. For example, *service integration* has been defined as a strategy to maximize the independence of

families from long-term dependency on government programs by achieving specific outcomes (e.g., sustained employment, literacy, improved health, restored family functioning).[45]

Other analysts have included within the definition of *services integration* strategies for providing and supporting a family-based, community service structure which addresses the comprehensive needs of the family by rebuilding and restoring the capacities of both families and local communities. (Gerry and Paulsen, 1995). A few community-based service integration initiatives have also arrived at a definition of service integration targeted on children living in low-income families and communities that includes the expansion of community social capital, economic development and increased parental employment as core objectives (The Annie E. Casey Foundation, 1995; Gerry and Levin, 1995).

Across these efforts to define service integration, there has been a persistent ambivalence as to its primary goal. Alternatives have included: (1) improving the service system ; (2) improving outcomes for families and children; (3) maximizing the efficient use of limited resources; and (4) a combination of two or more of the above. Some have argued that these at least the first two of these goals are interdependent (Kagan, *et. al.*, 1995). Others maintain that it is possible to have improve outcomes for children without necessarily improving or reforming the underlying systems (Martin, *et. al*, 1983).

For purposes of discussing the roles of lawyers in connection with current service integration initiatives, I have formulated the following, and I hope inclusive, working definition:

Services integration is a set of strategies by which a community seeks to ensure the immediate and uninterrupted access of all children and families to those children's services and family supports needed by the family to optimize the cognitive, social, emotional and physical development of each of its children, and to ensure the healthy functioning, stability, social and economic integration, and economic self-sufficiency both of the family and of the neighborhood of which it is a part.

Structuring Service Integration

There are both similarities and significant differences among the hundreds of "service integration" initiatives currently under way throughout the nation at both the statewide and community levels.[46] A sense of the diversity of these efforts can be obtained from a review of four key features: (1) target population; (2) target services; (3) locus of service coordination; and (4) strategies for linking and coordinating services.

Target Population

Significant variation exists among current service integration efforts as to the population of children to be served. Virtually all current statewide service integration efforts are targeted on specific sub-populations of children, most frequently described as economically disadvantaged or as "at-risk." A review of current initiatives at the community level reveals the presence of both universal and categorical service populations. However, most of the initiatives which have adopted a universal approach to access serve geographic areas with high concentrations of categorically eligible children.[47]

Within the target population, little disagreement exists within the literature regarding the need for service integration initiative to be both child- and family-centered (National

Commission on Children, 1991; Kagan and Neville, 1993; The Annie E. Casey Foundation, 1995). Indeed, virtually all current service integration initiatives reviewed by the author see themselves as family centered or both child- and family-centered. Interestingly, most current service integration initiatives focused on *youth* (rather than on children or children and youth) do **not** profess to be family-centered.

Targeted Services

The services to be integrated by current statewide and community-level *service integration* initiatives vary widely, depending on the age of the children involved, the comprehensiveness of the vision, the locus of activity and the availability of resources (Levy and Shephardson, 1992).The children's services which form the grist for most *service integration* initiatives at most of the sites reviewed include (1) education; (2) health services (both preventive and primary); (3) food and nutrition services, (4) mental health services; (5) early care and education services; and (6) child welfare services (e.g., adoption and foster care).[48] For youth, these services would be expanded to include: (6) substance abuse prevention and treatment; (7) pregnancy prevention; (8) delinquency prevention; and (9) school-to-work transition.

To the extent that a *service integration* initiative is family-centered (as well as child-centered), it usually includes a menu of benefits, services and other supports provided to families by public and private agencies, including pre-natal care, family counseling and family preservation services, adult education, and job training and employment support (Gerry and

Paulsen, 1995).

Locus of Service Integration Activity

A review both of the literature regarding the locus of service coordination efforts and the statewide and community-based service integration efforts which were studied reveals three principal alternative approaches to structuring the relationship between the school and other children's and family services: (1) school-based;[49] (2) school-linked;[50] and (3) community-based (Gerry and Paulsen, 1995).[51] Despite the relative popularity of school-based and school-linked approaches, some researchers have expressed concern about selecting the school or any other single community institution as the locus for all or most service integration activity. An exclusive focus on any one locus , they argue, could cause services to conform primarily to the institutional requirements, priorities, and world view of that institution (Chaskin and Richman, 1992).[52]

While school-based and school-linked strategies often embrace a universal approach to service eligibility, this usually occurs within the context of particular geographic areas with high concentrations of categorically eligible children. Community-based strategies are likely to be focused only on categorically eligible children (Chaskin and Richman, 1992). Because of the tension surrounding the provision of health care services to adolescents, service integration efforts focused on elementary school-age children are more likely to be school-linked or school based, and those focused on youth are more likely to be community-based (Gerry and Paulsen, 1995).

Strategies for Linking and Coordinating

Across current service integration sites, a wide range of strategies are used in an effort to improver the coordination or to integrate the provision of services to children and families. These strategies differ in two important respects: their vision, and the types and nature of the linkages which they employ.

VISION

Several different visions have been pursued through efforts to better interrelate the provision of multiple services to the same child and family. **Figure 1** (next page) shows a range of possible visions, from the isolated, programmatic vision which characterize the *status quo* to the vision of a fully integrated service system which totally unifies all current programs.

LINKAGE STRATEGIES

A combination of four basic types of multi-program and multi-agency coordination and linkage strategies[53] continue to be used by all service integration initiatives (HEW Task Force, 1972):

(1) ***Managerial linkages***, which include planning, programming, budgeting, evaluation, and training;

(2) ***Operational linkages***, which include outreach, intake, diagnosis, referral, information gathering, tracking and record keeping;

(3) ***Organizational linkages***, which include common governance and decision-making procedures; and

(4) ***Physical linkages***, which include collocation, transportation and communications.

Figure 1 - A Variety of Visions

Unification	Integration	Collocation	Separation
○	○	○	○
Continuous		***Episodic***	***Sporadic***

The governance arrangements and locus of service integration activities play a major role in determining the proper mix of these linkage strategies.

The Role of Lawyers in Service Integration

Because of its origins in the explosion of categorical programs targeted on children and families in the two decades that followed the *Great Society* era, service integration has always been a fertile field for lawyers and other and other legal institutions. Because much of the locus of service integration activity has been school-based or school-linked, educators seeking to improve the overall development and wellness of their students have found themselves have often found themselves in the midst of one of several highly legalistic processes associated with service integration initiatives.

If lawyers are to make constructive contributions to the design and implementation of successful service integration initiatives, they must do so in two different but interrelated

ways. **First**, they must stop designing and maintaining categorical program structures that both cause the need for service integration and act as barriers to its successful implement-ation. **Second**, they must work closely with educators, families, communities and other service professionals to design, implement and support the successful, ongoing operation of equitable service integration initiatives.

In this section, each of these roles is first explored in depth. The section concludes with a general discussion of the skills and abilities needed by lawyers carrying out the identified roles and their implications for legal education and training.

Stop Contributing to the Problem

The current and fragmented array of categorical program s has been and continues to be designed by lawyers who act as the eligibility gatekeepers and the fund-use police of present program structures. They devise statutes, regulations, standards and procedures that perpetuate and institutionalize many of the features of categorical programs (including the six characteristics discussed at length above) that both impair the ability of children and families to benefit from a particular program and create the greatest obstacles to the overall improvement of child development, learning and wellness.

Lawyers involved in the development of law and regulation in the legislative and executive branches of Federal and state government can play a positive role in increasing the likelihood of improved child development, learning and wellness for large numbers of American children who need individualized services by:

(1) Revising laws and regulations to create consistent program goals, philosophies and incentives within educational grant programs and across all categorical programs targeted on children and families;

(2) Changing the structure of categorical programs (e.g., Head Start, Medicaid) to permit access by children living in low-income families with family incomes above the current eligibility threshold to participate in such programs upon payment of a sliding-scale cost contribution from the family;

(3) Eliminating or reducing fund use restrictions imposed under current categorical programs in return for strengthened outcome accountability standards and a system of rewards and penalties which is tied to it;

(4) Redesigning current confidentiality and privacy provisions[54] which significantly impair integrated service planning, delivery and evaluation;

(5) Overhauling categorically linked licensing and credentialing systems which create programmatic sinecures and restrict the operation of informal support networks; and

(6) Amend, as necessary, existing laws and regulations to incorporate service expansion within the structures of existing categorical grant programs rather than creating new categorical programs.

In addition, to these law revision and regulatory reform activities, lawyers working in administering laws and regulations at the Federal, state and local levels can help develop and implement consolidated "state plans" and "local application" approaches and innovative *waiver* strategies which can dramatically improve the operating efficiency and outcome effectiveness of service integration initiatives.

Assisting Service Integration Initiatives

Lawyers must work closely with educators, families, communities and other service prof-

essionals to design, implement and support the successful, ongoing operation of school-based and school-linked service integration efforts. Much of this work involves identifying and dismantling the legal and programmatic barriers to coordination and integration of child and family services which continue to be erected within the current array of Federal and state categorical grant programs (described in detail earlier). A description of the legal work which needs to be accomplished to remove these barriers is described in the preceding subsection.

In addition to barrier removal, lawyers and educators must work together, in collaboration with parents and a broad range of other child and family professionals, to design, manage, and evaluate a wide range of service integration initiatives. The creation and effective implementation of these initiatives calls for the ongoing assistance of lawyers in developing innovative governance arrangements, developing blueprints for interagency service coordination, designing new mechanisms for ensuring accountability, and in crafting of flexible financing strategies.[55]

GOVERNANCE ARRANGEMENTS

"Governance" refers to the permanent consolidation of leadership and decision- making that is needed within local communities to improve the delivery of services to children and families. In practice, it is the mechanism by which public agencies, acting in concert, can integrate the efforts of service providers (Center for the Study of Social Policy, 1991). In some community-based initiatives, "governance" also incorporates strategies to promote and facilitate citizen participation in planning and decision-making, (Chaskin and Garg, 1995).

The governance structures of multi-agency service integration initiatives vary significantly based on the initiative's goals and objectives and the politics of agency relationships and government entities within the community (Gardner, 1992). For the lawyer, the development of governance arrangements throws into contrast, perhaps most vividly, the extraordinary differences among the child- and family-serving organizations within a comprehensive service integration partnership. The most important and controversial variables associated with such governance structures have proven to be: (1) the functions and responsibilities of the governance entity, (3) the nature and legitimacy of "community" representation and participation within the governance structure; and (3) the relationship between governance and government within the affected community. (Center for the Study of Social Policy, 1991; Gerry and Paulsen, 1995)

FUNCTIONS AND RESPONSIBILITIES

The governance structures used today by community-based service integration initiatives focused on children and their families, incorporate some or all of the following functions and responsibilities: (1) agenda setting and strategy development;(2) developing new service capacities; (3) coordinating service efforts; (4) providing services and supports; (4) coordinating fiscal strategies and resource allocation; and (5) maintaining accountability for family and child outcomes (Chaskin and Garg, 1995).

For the lawyer attempting to detail of each of these responsibilities (both in governance structures and subsequent interagency agreements), a working knowledge of: (1) program and

organizational cultures; (2) the interrelationships of public and private service providers; and (3) the intricacies of state credentialing and licensing arrangements and structures across programs and disciplines, is essential.

THE NATURE AND LEGITIMACY OF COMMUNITY REPRESENTATION

Numerous issues have arisen in many service integration initiatives regarding the participation of families and other neighborhood residents in their governance. For example, questions of *legitimacy* have been raised about both resident self-selection and processes which call for participation by members of neighborhood organizations which appear to some to have become informal agents of local government. Both self-selection processes and participation by local government sanctioned representatives often do not result in the presence of an authentic neighborhood voice. Selecting individuals to act as "neighborhood representatives" who also represent their own institutional interests and perspectives frequently poses serious issues of conflict-of-interest.

For the lawyer, the manner of structuring this type of community participation may be crucial to the overall success of the initiative because the perceived *legitimacy* of this participation[56] can make a substantial difference in whether the initiative is seen as truly connected to, and acting on behalf of, the interests of the community —whether it has *credibility* (Chaskin and Garg, 1995).[57]

GOVERNANCE AND GOVERNMENT

Arriving at the proper linkage of *government* and *governance* within a service

initiative is primarily an issue of organizational structure. Most community-level service integration initiatives have used one of the following structures around which to organize: (1) an institution parallel to local government which offers an alternative mechanism for providing services and supports now provided by government; (2) a separate but complementary institution to local government; or (3) direct incorporation into local government, usually through the creation of a formal sub-unit of government (Chaskin and Garg, 1995). The selection of any one of these alternatives poses difficult questions for the lawyer.

The use of an institution parallel to local government which offers an alternative mechanism for providing services and supports now provided by government has been urged as a central strategy in the needed *reinvention of government* (Osborne and Gaebler, 1992). Proposals for this type of linkage have ranged from: (1) outright privatization of governmental functions by assigning them those functions to a single non-governmental agency; to (2) so called *managed care* approaches;[58] to (3) voucher arrangements that would enable families to select among competing institutions (Osborne and Gaebler, 1992; Chubb and Moe, 1990).

A decision to create a separate but complementary institution to local government would also raise a set of complex issues and questions, including:

(1) Is the institution to be created public, quasi-public or non-public? The law of individual states varies greatly on the extent to which responsibilities of public agencies can be transferred or delegated to each of these type of institutions.

(2) Will the separate but parallel institution enjoy sovereign immunity? be constrained by *merit system* personnel requirements? Be required to hold all

meetings in public?

(3) How will laws governing confidentiality and privacy apply to the separate but parallel institution?

Finally, because the direct incorporation of a multi-agency governance structure into local government has often occurred through the creation of either a new sub-unit of local government or a new type of local governmental unit, lawyers are frequently confronted with complex questions of state law related to the formation of new governmental units.

BLUEPRINTS FOR INTERAGENCY SERVICE COORDINATION

Interagency service coordination involves linking and integrating the work of different agencies and professionals, particularly those involved in the direct provision of child and family services. The common understandings of these agencies and professionals as to how they will work together are captured in interagency service coordination agreements. In practice, these agreements vary significantly based, primarily on the politics of agency relationships and government entities within the community (Gardner, 1992). Unfortunately, in some instances they have been used as a substitute to real collaboration rather than a tool to effectuate it.

Some of the most important factors affecting the viability and usefulness of interagency service coordination agreements have proven to be: (1) the range of programs and agencies which need to be coordinated;[59] (2) the nature of the envisioned interdependence among them;[60] (3) the degree to which conflicts and other differences in organizational *cultures* can be resolved. and (4) the presence of incentives for each of the organizations to coordinate.[61]

Service Integration and Beyond: Implications for Lawyers and Their Training

The role of lawyers in the framing of interagency service coordination has emerged as a significant one. This role involves the lawyer in translating and brokering among different agencies and disciplines. It requires a working knowledge of the issues of organizational and interorganizational structure and organizational behavior which lie just beneath the surface of service coordination (Meyers, 1993).[62]

One important challenge for the lawyer attempting to reach a common understanding on service coordination is to be sure that the appropriate players are at the table. One of the fatal flaws of many unsuccessful service integration efforts has been a serious misfit between the global outcome goals being pursued for children and families and the limited membership of the strategic partnerships formed to pursue them..The task for lawyers in deciding what services and support should be coordinated or integrated (and, thus, who must be involved) is akin to boat-building rather than house-building. In the latter case, a board left out here or there may weaken but not defeat the overall structure. But successful service integration (particularly for children and families with multiple problems) require a boat-building paradigm. The lawyers task, thus, is to ensure that no organizational *plank* is omitted (Gerry and Levin, 1995).

For the lawyer attempting to fashion interagency service coordination agreements, the nature of agency interdependence substantially affects the allocation of legal, program-matic and financial responsibility for the provision and outcomes of the children's services and family supports to be provided (Gerry and Paulsen, 1995). Moreover, the nature of agency interdependence should be a decisive factor in resolving fundamental competition over resources

or power within the collaboration.

Lawyers exploring potential interagency linkages (i.e., managerial, operational, organizational, and physical) often have little understanding of the organizational cultures which they are trying to link. Major differences in *cultural* assumptions and values exist among child-and family-serving organizations. The lawyer's clients are usually familiar with only one of the involved cultures. As a result, and usually by default, lawyers must attempt to become *translators* of both professional and organizational assumptions and ultimately of underlying organizational values.

For example, among the public organizations likely to participate in interorganizational service coordination, only the public school systems are dedicated to providing services to all school-age children within the community. For educators, basic service eligibility is a question of birth date. *Eligibility* is, however, a preoccupation of virtually all of the other child-serving organizations in the community who receive public funds. On a continuing basis, most of these organizations must *sort-in* certain children and families who are "entitled" to services and *sort-out* others (who are viewed as less deserving) even though they may be in greater need of the same services. The gate-keeping functions of the non-educational agencies brings with them a set of very different organizational characteristics.[63]

In the context of public education, the services provided to most children are seen as normative and developmentally appropriate. Many health care provider organizations are involved simultaneously in providing normative, prevention services (e.g., immunization, vision

screening) on a universal basis and disease or injury triggered services to specific children on a case-by-case, *categorical* basis. This disparity often creates a type of intraorganizational schizophrenia which mirrors the problems faced in inter-agency arrangements.

A second example of this underlying conflict in organizational culture is provided by the crisis-based orientation of many child and family service programs outside of education. As is discussed earlier, eligibility for many of these services requires proof that a child or family problem has progressed to a dangerous point. Services that respond to the crisis are often quite different from those needed to address the multi-faceted problems of which the crisis is only a symptom. Agencies and programs focused on prevention or early intervention (e.g., Head Start; parenting education) and those focused on normative development (e.g., public schools) approach the question of service access and design quite differently.

The lawyer's role in first explaining and then resolving the conflict in underlying organizational cultures within the overall array of categorical grant programs for children and their families is frequently crucial to the overall success of the service integration effort. In playing this conflict-resolution role successfully, lawyers must be particularly vigilant to prevent jargon (legal and programmatic) from destroying efforts at meaningful collaboration and negotiation.

Accountability Mechanisms

Today, the *watch-word* of almost every service integration initiative under way at either the state or community level is *accountability*. As a result, lawyers are increasingly being asked

to help craft mechanisms that will ensure that coordinated programs and agencies are *accountable* to both families and the community at-large for both short- and long-term child and family outcomes.

The design of a service integration accountability mechanism is a particularly daunting task. For the lawyer, the success or failure of the design effort is likely to depend on: (1) the degree of agreement among families and those agencies and professionals to be held accountable on three key matters on the actual meaning of *accountability*; (2) the role of the lead or "integrating" agency; and (3) the motivation of professionals and families to work together.

An important first step in designing an accountability mechanism, therefore, is to decide which of these meanings of *accountability* is to be reflected in the management structures of the service integration initiative. This decision may, in turn, lead back to the earlier question of the membership of the service coordination partnership. For example, assuming an expanded notion of *accountability* , the fact that important child outcomes are significantly affected by factors outside the immediate control of child-serving organizations might well necessitate including families and neighborhoods within the overall collaboration.

A second important question is the nature of any overall coordination role to be played within the collaborative by one or more of the participating agencies. Three types of roles have been identified within past and current service integration initiatives: (1) *voluntary coordinator,* where an agency provides direct services and oversees the provision of services by other agencies to ensure comprehensiveness; (2) *mediating coordinator,* where an agency

develops linkages among autonomous service providers and provides no direct services itself; and (3) *directing coordinator*, where an agency can actually mandate linkages among subordinate agencies (Gans and Horton, 1975). For the lawyer seeking to design accountability mechanisms, an understanding of which of these roles is intended for one or more agencies within the collaborative is crucial if legal, programmatic and financial accountability are to be properly allocated.

Finally, in developing an accountability mechanism for a service integration initiatives, lawyers must pay attention to the internal structures, control arrangements, reward systems and socialization techniques of the participating organizations. An understanding of these factors is crucial to the development of mechanisms which will influence effectively the attitudes and behaviors of both mid-level managers and front-line professionals (Meyers, 1993). Research shows, for example, that public school administrators choose to cooperate with other child-serving organizations when by doing so they can satisfy demands to improve their performance on particular problems. In the absence of new demands on their service capacity, the same administrators may resist the extra work of service coordination, no matter how great the agreement about its inherent value (Weiss, 1987).

CRAFTING FLEXIBLE FINANCING STRATEGIES

Financing strategies represent a key element of most comprehensive service integ-ration initiative. Current methods of financing influence program priorities, shape the incentives that drive service systems, and ultimately influence how useful services are to families (Farrow

and Joe, 1992).

Flexible financing strategies are designed to reinforce a service integration initiative's underlying policy and programmatic direction . They also contribute significant organizational incentives which help motivate the interagency service coordination activity (Center for the Study of Social Policy, 1991). As a result, lawyers are increasingly being asked to help design and develop such flexible financing strategies.

The lawyer seeking to design flexible financing strategies to support comprehensive service integration needs to be familiar with: (1) the diverse financing structures which provide funding for children's services and family supports; (2) the service integration barriers created by these structures; and (3) a range of flexible funding alternatives. As Farrow and Joe point out:

> ***Pulling together the needed funding sources is neither simple nor a short-term venture. It requires detailed and extensive knowledge of how money is now spent and of he rules that govern the spending. It requires creativity in combining prev-iously separate funding sources to achieve a new collaborative goal*** (Farrow and Joe, 1992).

The financing structures which provide funding for children's services and family supports and the service integration barriers created by these structures are summarized at length in Section III. Lawyers developing strategies to support the flexible funding of comprehensive service integration initiatives must be able to identify refinancing opportunities that involve a wide variety of federal, state and local funding sources, including strategies designed to make better use of existing resources such as staff reassignment and budget realloc-

ation (Center for the Study of Social Policy, 1991).[64]

While major proposals are pending and currently stalled before Congress which would radically restructure the financing of many of the largest and most important Federal, categorical grant programs (discussed at length earlier), today lawyers working to develop flexible funding strategies to support state and local service integration initiatives need a working knowledge of two different flexible funding approaches: (1) the *decategorization* of funding streams, through *waivers*, pooling arrangements, and blended funding approaches; and (2) the increased leveraging of Federal entitlement funds (Center for the Study of Social Policy, 1991; Gerry and Paulsen, 1995).[65]

DECATEGORIZATION: POOLING AND BLENDED FUNDING

*Decategorization*is a process which removes *categorical* restrictions on the use of Federal and state grants funds so that services and supports can be better tailored to meet their individual needs of all children and families.

*Waivers*are tools for creating pooled and blended funding arrangements by decategorizing significant amounts of current Federal grant funds provided under the Social Security Act (e.g., Medicaid, AFDC, child welfare and the JOBS program).[66] Upon application by states, Federal agencies, can agree to remove current categorical restrictions that prevent the expansion of eligibility of needy children and families and curtail flexibility in the use of grant funds. In many instances, because the current administrative overhead of these programs is excessively inflated by categorical restrictiveness, the granting of such a *waiver* can actually result in

increased services for children and families without an increase in overall program cost.[67]

In a *pooled funding* strategy, two or more funding sources are used to support the same service or support consistent with categorical restrictions applicable to each. Funding may be integrated for the family but the funding sources must remain separate at the administrative level.[68] In a *blended funding* financing strategy, all categorical restrictions are *waived* so that funds from different categorical funding sources may be integrated both for families and for the purposes of day-to-day administration (Gerry and Paulsen, 1995).[69]

INCREASED LEVERAGING OF FEDERAL ENTITLEMENT FUNDS

Financing strategies that maximize the *leveraging* of Federal entitlement funds can make substantially increased amounts of Federal dollars available to support comprehensive service integration efforts without increasing overall service expenditures. The level of Federal/state entitlement funding currently received by local communities is based on an interaction of three factors: (1) the number of people within the community who meet the categorical eligibility criteria of the program; (2) the *capped or uncapped* nature of the program and related *matching* requirements, if any; and (3) the amount of non-Federal money that is available to *the state* or locality for *matching* (Gerry and Paulsen, 1995).

While the first factor in this equation would appear to be a *given*, a few communities have shown great creativity in discovering previously unknown characteristics of residents that have allowed such residents to become categorically *eligible* for income support benefits with a lower state/local fiscal contribution (e.g., AFDC to SSI). In such situations, the likelihood of state

collaboration is obviously greatly enhanced.

Pending possible changes now before Congress in the Medicaid program, leveraging to increase Medicaid funding from the Federal level remains probably the most promising strategy for supporting expanded funding for children's services.[70] The chief limitation on the use of this strategy is the need to produce *matching* funds from non-Federal sources. While some states have tried innovative taxing approaches which have usually not worked, most have taken a relatively conservative approach to *matching*.[71]

Needed Skills and Abilities: Implications for Legal Education and Training

As we have seen, the work expected of lawyers in connection with the design, implementation and ongoing operation of service integration initiatives requires a knowledge-base and expertise in ever-broadening areas of law and regulation (including categorical program structures and operations), demography and ethnography, child development and learning, family dynamics and wellness, community building and supports, labor economics, social psychology and organizational theory. This information must be distilled and brought to bear in connection with a variety of different service integration initiatives.

Why Lawyers?

The question naturally arises as to why much of this work should be done by lawyers. Wouldn't social scientists or service professionals or management experts be better able to carry out the diverse roles outlined above? The answer is, in part, that lawyers, because they are neither service professionals nor academic researchers, are best positioned to play the key

role of honest translator and broker which lies at the heart of the work required to craft and sustain successful service integration initiatives. But to play this role effectively, lawyers must be careful not to be caught in a series of intellectual traps which are embedded within American law and its legal profession.

First, although successful service integration would certainly advance important civil rights objectives, service integration should not be seen as yet another vehicle for conferring rights on individual children and families. As Glendon summarizes it:

> ***Endowing groups or communities with rights thus seems an unsatisfactory way to recognize the fact that human beings are social as well as self-determining, and that small social settings are conducive to human flourishing... What we need therefore is not a new portfolio of group rights but a fuller concept of human personhood and a more ecological way of thinking about social policy*** (Glendon, 1993).

Thus, service integration should be seen as a tool which expresses represents an affirmative moral and social commitment[72] by public and private agencies, families and communities to optimize the development, learning and wellness of all of its children. It should provide a clear and egalitarian answer to the bottom-line question of every democracy: how well do the institutions of government and civil society serve the needs of those who cannot help themselves? (Glendon, 1993).

Second, the structure of American legal and political discourse relating to the relationships between children or families and Government regularly fails to consider the social environment of which children and families are a part. This environment is characterized by

criss-crossing networks of associations and relationships that constitute the fine grain of society," what Glendon eloquently describes as:

> ***...the mediating institutions that stand as buffers between individuals and the state, the diverse groups that share with families the task of nurturing, educating and inspiring the next generation*** (Glendon, 1993).

To be successful, lawyers designing and implementing service integration initiatives must be fitted with corrective lenses which enable them to take into full account the neighborhoods, churches, peer groups, work places and other communities-of-interest within which child development and learning occur and in which wellness should be pursued (Gerry, Fawcett and Richter, 1996; McKnight, 1995; Glendon, 1993).

Third, we must ensure that within the process of legal education the dismay that law students usually express upon being told about the "no-duty-to-rescue" rule of American torts law is reinforced rather than overcome by technical, and probably wrong-headed, rationales that attempt to distinguish legal duties from moral imperatives.

The lawyers great advantage in helping to fashion service integration initiatives is the ability to rise above the eccentricities of specific organizational cultures and avoid the blinders imposed by overspecialized disciplines.

What Do Lawyers Need to Know?

Lawyers involved in the design, implementation and ongoing operation of service integration initiatives need a much greater range and depth of information about both a wide variety of both legal areas and topics rarely addressed by law schools.

Service Integration and Beyond: Implications for Lawyers and Their Training

First, lawyers working with service integration need a much better than average grasp of the law governing: (1) universal public functions (e.g., public education; public and environmental health and safety; parks and recreation); (2) Federal and state programs, categorical and universal, which provide benefits, services and supports to children and families (e.g., public education, health and mental health; early care and education; family support and preservation), (3) civil rights and liberties (e.g., non-discrimination; confidentiality and privacy); (4) state and local police powers (e.g., law enforcement and juvenile detention; parental rights and child abuse and neglect; foster care and guardianship; and child support); (5) the creation of special purpose government and quasi-public agencies; and (6) the operation of public and private finance systems.

Second, they need an awareness of widely differing features (e.g., training, working protocols, and operating realities) of the professional cultures of the different organizations and professions (e.g., teaching , nursing, social work, law enforcement) to be married. Most lawyers have had scant preparation for learning the maze of different program, administrative and service arrangements and related organizational cultures. They must become familiar with the different program and administrative jargons (and underlying assumptions) which now inhibit and defeat service coordination, professional collaboration and meaningful attempts at family or community participation or empowerment.

Third, lawyers need to become aware of the social-psychology (e.g., expectations, fears, motives, hopes, anxieties and jealousies) which affects the attitudes and behaviors of the

front-line professionals who are really the prospective spouses of the service integration marriage. One of the cardinal errors of *service integration* initiatives for two decades has been to confuse the marriage brokers (i.e., the agency heads) with the actual bride-and-groom.

Fourth, lawyers need to understand better the day-to-day reality of the children, families and neighborhoods which form both the purpose and the context of all service integration work. If service integration is, itself, to be a universal strategy then that understanding must begin with but extend beyond the situation of those children who are most disadvantaged, those families that are most dysfunctional and those neighborhoods that are least vibrant. For example, it is often the children within working poor families who are least well served by the present *categorical* system. One great danger for many lawyers involved in service integration is to ignore the services and supports which are available to the most advantaged children and families. Social justice demands that the opportunities, services and supports available to the most advantaged child be a principal benchmark in measuring the effectiveness of the opportunities, services and supports available to the least advantaged (Rawls, 1971).[73]

In addition to the expansion of knowledge, lawyers must also acquire the skills needed to be effective translators and brokers of systems-change. Lawyers must learn to observe and listen more in the fashion of social anthropologists and psychologists and less in the style of the adversary system or of Socratic debate. The case method of the Common Law will be of no use in the support of service integration initiatives. Instead, the skills of mediation, conflict

resolution and negotiation are of the utmost importance.

The system of professional preparation and training must respond to these important information and skill needs through a program of interdisciplinary courses and seminars that focuses on service integration in the context of *systems-change* and that provide a range of opportunities for *learning-by-doing*.

V. Beyond Service Integration: The Need for System Reform

As is discussed in Section II, in order for the current generation of school reform efforts to succeed, prominent scholars and reformers are in general agreement that in addition to major reforms within the public schools, a broader social reform which involves families, neighborhoods and communities is needed. A major feature of this broader social reform must be the creation of an infrastructure of support systems exists within the community which addresses all of the non-schooling problems of children and their families (Graham, 1993; Asayesh, 1993; Holton and Goroff, 1995). The overall vision is that public education (assuming that current school reform efforts are successful) together and this new infrastructure of child and family support systems would dramatically improve the development, learning and wellness of all American children.

After more than 20 years on the design, development, implementation and promotion of service integration strategies, I have concluded that for several reasons, the categorical grant program-service integration approach — no matter how fully developed, financed and implemented — cannot meet the proper demands for fundamental systems-change which have been generated by

current school reform efforts. This section first identifies some of the reasons why this approach has not been successful and why it cannot even serve as a sound base on which to build the needed infrastructure of child development and wellness supports. It concludes by presenting goals and some guiding principles for moving beyond the categorical grant program-service integration approach to a more comprehensive system reform.

Faulty Assumptions

A primary reason why the current categoricalgrant program-service integration approach does not provide a sound foundation on which to build the needed community child development and wellness systems is that it is rooted in three mistaken assumptions, which,even if true, would be inconsistent with a system reform vision. These assumptions are:

(1) Only some children need and deserve access to services and supports *external* to the family and the public schools to support their optimal development, learning and wellness;

(2) The primary reasons for impaired child development, learning and/or wellness are *internal* (i.e., child/family-based) deficiency-needs which can be met (either partially or fully) by the provision of the right combination of *external* professional services; and

(3) An infrastructure of the types of professional services which are needed by virtually all children and families currently exists within the local environment, and the best strategy for ensuring the optimal development, learning and wellness of children is improved cooperation and collaboration of service professionals.

Assumption 1 : Only Some Children Need and Deserve External Support

The assumption that only some children need and deserve external support to optimize their

development, learning and wellness is predicated upon three interrelated but discrete propositions: (1) only **some** children need access to non-public school services and supports *external* to the family; (2) only **some** of these children deserve to receive them at public expense; and (3) addressing (and, to the extent possible, meeting) the identified internal needs (deficiencies) of deserving children will improve substantially (or optimize) their development, learning and wellness.

THE MYTH OF SELF-SUFFICIENCY AND DEFICIENCY

In contrast to a primary assumption which underlies current school reform efforts (i.e., that the problem of poor academic outcomes which education reform must address is a problem affecting virtually **all** students, the first proposition, the *myth of self-sufficiency and deficiency*,[74] attempts to rationalize the categorical services assumption by asserting that only **some** children and families need access to non-public school services and supports *external* to the family (Graham, 1993). Because child development, learning and wellness are the product of both personal factors and environmental factors, research and experience both amply demonstrates that, for three important reasons, all children need access to non-public school services and other *external* supports to the family for healthy development, learning and ongoing wellness.

First, children are first and foremost organic creatures. No two children are exactly alike, and each child is constantly changing through a variety of interactions with other adults and children within the community and with its, social, economic and physical environment. The behaviors that affect child development, learning and wellness occur among a variety of people

within the overall community (not merely those experiencing or at-risk of specific problems), including parents and guardians, playmates and other peers, neighbors, visitors, service professionals, ministers, police officers and television personalities. Similarly, aspects of the child's home, neighborhood, school, playground, church, child care center, grocery store, bus or apartment complex influence the child's development, learning and wellness. For example, access to good quality child care and health care, parental employment and the presence or absence of racism or sexism can have profound impacts (Gerry, Fawcett and Richter, 1996). Any attempt to ensure that the physical environment in which a child and family lives is safe (in terms of both accidents and intentional injury), free from environmental health hazards, and supported by adequate recreational facilities and opportunities necessarily involves collective neighborhood or community action across families.

Second, within most American communities an informal network of "primary services" external to the family has for generations provided a natural source of support for child development, learning and wellness and enhance family life. These *primary services* include mothers-day-out programs, activities sponsored by libraries, parks and recreation associations (e.g., story hours, nature walks), toddler play and cooperative child care groups. These activities are voluntary, do not require proof of need or eligibility, and usually provided by the staff and volunteers of neighborhood-based organiz-ations (Wynn, Merry and Berg, 1995). A similar informal network of activities, opportunities and supports within is also very important for healthy adolescent development and wellness.[75] Indeed, a core element of youth development,

service learning, requires the exist-ence of a range of supportive neighborhood and community organizations, such as youth orchestras, recreation organizations, clubs, and religious youth groups (Pittman and Cahill, 1992).[76]

Third, all children and families need help from a variety of professional services external to the family. For example, all children need preventive health care (e.g., immunization) and routine health screening, and, from time to time, outpatient health and dental care. Some require ongoing health maintenance (e.g., prescription drugs for asthma, hay fever, eye glasses or contact lenses). A rapidly growing number of families (in all socio-economic levels) with young children need early care and education services; periodically, a majority of those families (i.e., those in which there is a single-parent whether as the result of unmarried pregnancy, death or divorce) need a range of family supports. Finally, many families with children (primarily those with very low family incomes or experiencing instability) need help to obtain nourishing food or emergency shelter.[77]

* * * * * * * *

In sum, virtually all children and families have regular, ongoing needs which can only be met through some interaction between children (and their families) and the social and institutional environments within their communities. These needs are not deficiencies but rather a reality of both normal child development and normal community life. What most differentiates children and families within current structures is not whether or not they have needs, but rather, the severity and multiplicity of those needs, and the access which the child and family

enjoys to the human, financial and technical resources which must be brought to bear if those needs are to be met successfully (Gerry and Paulsen, 1995).

THE MYTH OF DESERVING AND UNDESERVING CHILDREN

The second proposition underlying the categorical services assumption, assserts that, regardless of how many children need publicly funded services, only **some** of those needy children *deserve* access to them. This *myth of deserving and undeserving children* is quite inconsistent with the approach taken by virtually all Western European countries. In these countries, the primary assumptions are that (1) all children and families who need a service should have access to it, and (2) families should contribute to the financing of services consistent with their economic resources (Gerry and Paulsen, 1995). As a result, structures within these countries ensure universal access of all children and families to a broad array of children's services, with gradually increased family cost participation. In this approach, "poverty" is treated as a relative and highly variable condition that effects financial contribution rather than participation (Gerry and Paulsen, 1995). The flawed reasoning underlying the *myth of the deserving and undeserving children* becomes apparent on close consideration.

First, the "deserving child" proposition is completely inconsistent with the uncontested tenet of American social policy — that all American children both need and deserve public education.

Second, the attempt to separate needy children into those who are and are not deserving of assistance is both irrational and morally bankrupt. While one can make a rational argument

that publicly supported services and supports should not be provided to adults who are seen as making volitional choices (e.g., the decision by an unmarried adult mother to bear another child) contrary to the interests of society, the same moral or volitional premise certainly does not apply to a 2 or 3 year old child who needs medical care to develop properly or food to survive.[78]

Third, ironically, the sorting of deserving from undeserving children which lies at the heart of the *myth* inevitably results also in the attachment of labels, pejorative at best and destructive at worst, to those children found to be deserving. For example, terms such as "homeless child" or "at-risk families" connote deficits rather than the strengths of the intended program beneficiaries. These labels often harm the self- concept of the child, and rationalize the setting of lower expectations for development, education and overall wellness.

Fourth,the sorting of deserving from undeserving children always results in extra-ordinary equity problems on the thresholds of eligibility, with large numbers of children and families with severe service needs being found ineligible. The social insanity of this approach is perhaps best evidenced by the fact that the largest group of children in need of assistance who are most frequently excluded (i.e., found to be *undeserving*) are children living in two-parent working class families,[79] many of which have lower income levels than single-parent families which receive public assistance benefits (Bureau of the Census, 1993b). In other words, in application, the *myth of the deserving and undeserving children* consistently favors families receiving public assistance over families with one or two working (and taxpaying) parents. This seems like curious social policy, at best.

THE MYTH OF INCREMENTAL CONTRIBUTION AND PROGRESS

Children are first and foremost organic creatures. No two children are exactly alike, and each child is constantly changing through a variety of interactions with other adults and children and with the social and physical environment. The *myth of incremental contribution and progress* is based on a combination of a notion of "compartmentalized needs" and a *linear* contribution premise of the impact on child development, learning and wellness. As is discussed earlier, the notion of compartmentalized needs sees the child "as a set of manageable parts, each with its own service mechanic" (McKnight, 1995). The *linear* contribution premise assumes that each service provided competently to each part of the child (e.g., education, health, nutrition) will make an incremental contribution to the child's overall development, learning and/or wellness (Gerry, 1993; Gerry and Levin, 1995).

Experience has repeatedly demonstrated that the provision of individual, compartmentalized services to children, particularly those with multiple and complex needs, is not likely often does notresult in any significant improvement in overall child development, learning and wellness.Indeed, the educational and human services literature is replete with numerous examples of unsuccesful single-strategy approaches to supporting children and families. For example, no matter how well designed an instructional programs may be, educational improvement is unlikely for a participating child who is chronically ill and exhausted, being physically abused by a parent, or whose needs for drug treatment are unidentified and unmet. In other words, the failure to address any one of these factors might totally defeat any learning improvement which would

otherwise occur (Gerry, 1993).

The single-strategy approach is akin to house-building. In most cases a board left out here or there may weaken but not defeat the overall structure. In reality, the model must be much more akin to boat-building, where the omission of virtually any plank will completely undermine the overall enterprise (Gerry and Levin, 1995).

Assumption 2: Internal Deficiencies Met By Service Professionals

The second fundamental assumption of the categorical program-service integration approach is the professioinalization of needs assumption. It also rests on two discrete but interrelated propositions: (1) the primary reasons for impaired child development, learning and/or wellness are *internal* (i.e., child/family-based) deficiency needs; and (2) these needs can be met (either partially or fully) by the provision of the right combination of *external* professional services.

THE MYTH OF INTERNAL DEFICIENCY NEEDS

The *myth of internal deficiency needs* proposes that the primary factors contributing to impaired child development, learning and wellness are primarily *internal* to the child and family and are "deficiency-based." Because child development, learning and wellness are the product of both personal factors and environmental factors and because the latter factors are inexorably tied to the social, economic and physical environment in which children and families live, the fallacy of this proposition is readily apparent.

In America today, the link between poverty and impaired child development, learning and

wellness outcomes is overwhelming. For large groups of children in families experiencing long-term poverty and economic instability, extremely negative development, learning and wellness outcomes have been and continue to be reported for large groups of American children, particularly the almost 25% of American children living in poverty. Key measures of child development and wellness indicate that, in the 1980s, children the United States lost ground in every major area of development and wellness (Children's Defense Fund, 1992). These outcomes include impaired health as a result of poor pre-natal care,[80] undernourishment and malnutrition,[81] accidental injury (National Center for Children in Poverty, 1990), high incidence rates of preventable disease (National Commission on Children, 1991),[82] and of child abuse and neglect. [83] Children living in low-income families are also at a much higher risk of having undiagnosed and untreated health problems (National Commission on Children, 1991).[84] Large numbers of American youth fail to achieve acceptable levels of physical mental, and social well-being (Children's Defense Fund, 1992).and engage in a range of dangerous social behaviors (National Commission on Children, 1991)[85] that lead to academic failure, school drop-out and serious, long-term problems (National Center on Children in Poverty, 1990).

While the link between poverty and impaired outcomes for children is clear, some have still attempted to explain in terms of an internal deficiency-neec theory. They argue that families are poor and remain poor, at least in part, because they (and their members) are internally deficient (e.g., "emotionally impoverished") in a number of ways (Olasky, 1992; Murray, 1984).[86] Is the external social, economic and political environment simply a stage upon which the

internal deficiencies of choldren and families are played out?

The National Commission on Children rejected such an interpretation by making clear the link between the external social, economic and physical environment of the child and family and the pattern of adverse outcomes:

> ***Children growing up in poverty are frequently undernourished and inadequately clothed, and live in substandard housing. For them, the world is often a dangerous and threatening place to grow up. It is crime-ridden streets where schools and playgrounds are the domain of gangs and drug dealers, or it is desolate rural areas without adequate roads and running water. It is dilapidated homes with broken windows, poor heating, lead paint, rats, and garbage. It is a world in which children grow up afraid and ashamed of the way they live, where they learn basic survival skills before they learn to read. They experience the most health problems but live in the least healthful environments and have the least access to medical care. They are at the highest risk of academic failure, but often attend the worst schools. Their families experience the most stress but have the fewest social supports*** (National Commission on Children, 1991).

Not only is the external social, economic and physical environment of the child and family directly linked to child development, learning and wellness but the *myth of internal deficiency-needs* actually works at cross-purposes with what should be a central social policy objective — strengthening the ability and increasing the opportunities for a family to solve all or most of its own problems without fostering the need for ongoing service intervention.

The *myth* is predicated on a "therapeutic vision"of society,[87] which sees the well-being of children and families as deriving primarily from professionals and the services they provide. From this vantage point, families cannot know whether they have a need or what the remedy is, cannot understand the process that purports to meet the need and cannot even know whether the

need has been met (McKnight, 1995).

THE MYTH OF PROFESSIONAL SERVICES

Despite what we know about the link between child development, learning and wellness and the social, economic and physical environment in which children and families live, the second proposition, the *myth of professional services*, steadfastly asserts that the needs of children and families can be met by the right combination of *external* professional services.

Child development, learning and wellness are inexorably tied to the community; each is a local product. An estimated 12 million American children are at-risk of lead poisoning. The link between poverty and lead poisoning is so strong that one major research center declared: "as family income decreases, blood lead concentration increases" (National Commission on Children, 1991). More than 14 percent of 18-19 year olds had not graduated from high school. In 1991, nearly one in five teenagers looking for work could not find a job (Gerry, Fawcett and Richter, 1996). Although these issues are among the primary threats to the development, learning and wellness of most American adolescents, their solutions are certainly not consistent the profession-alization of needs assumption.

Indeed, the healthy development, learning and ongoing wellness of children require the engagement of equally diverse groups (e.g., health providers, youth groups, the media, and businesses) in an array of contexts and settings (e.g., homes, parks, stores, schools) (Gerry, Fawcett and Richter).

The vision evoked by the *myth of professional services* (i.e., the service professional

produces and the child and/or family consumes) also works to rules out other answers to child and family needs such as self-sufficiency, peer support, and changes within the overall the political, social and economic environment (McKnight, 1995). If the need for assistance is translated into professional and categ-orical terms (e.g., parenting education to prevent child abuse or neglect) rather than expressed in simple descriptive terms (e.g., someone to help a young mother deal with the stress posed by a colicky baby), the likelihood that the community can and will solve the problem is dramatically decreased. But why should the need of a family for parenting educ-ation be met by a service professional instead of a next door neighbor (Gerry, Fawcett and Richter, 1995).

Assumption 3: Improved Collaboration With An Existing Infrastructure

The third and final assumption on which current service integration efforts are predicated is that best strategy for ensuring the optimal development, learning and wellness of children is improved cooperation and collaboration of service professionals. It consists of two interrelated but discrete propositions: (1) the existing infrastructure of professional services includes all of the types of services and supports needed by children to ensure optimal development, learning and well-ness; and (2) improved cooperation and/or traditional collaboration among service professionals can ensure that children receive the combination of such services that will optimize or substantially improve their development, learning and wellness.

THE INFRASTRUCTURE MYTH

In most communities, there simply is no comprehensive infrastructure of professional

services to support the healthy development, learning and wellness of "categorically eligible" children, let alone all children. Indeed, the absence of a community-based primary care infrastructure for child health care and other children's services[88] presents serious problems of health access to children and families in both rural and urban areas.[89] It is directly manifested in the location and geographic inaccessibility of health care clinics and hospitals and in the distribution and availability of different types of health care providers (e.g., pediatricians, physical therapists and substance abuse counselors) (Politzer, *et al.*, 1991).

In many communities, the economic viability of the local health care "system" is, itself, in jeopardy. An analysis conducted by the Department of Human Services in 1991 revealed that for children and pregnant women financial access to health care (through health insurance coverage) is **not** tantamount to health service access. Indeed, of the 14 million children who are currently covered by Medicaid, each year over 50% fail to receive a Medicaid-reimbursed preventive or primary health care service. Disincentives to effective health access are also created by the design of health care environments, including the hours and days of service, access to child care, and the physical inaccessibility of facilities (Halfon, *et al.*, 1995).

There are also seriously gaps in the current infrastructure of early care and education services in most American communities. Indeed, only about 40% of all children entering kindergarten in the United States have had some type of formal pre-kindergarten experience. Regardless of increased need, current participation of young children living in high-poverty areas in some form of early childhood education is as low as 25% (GAO, 1993).[90] In fact, only 39.5% of all

children under the age of 1 year, 43.4% of children of all 1 year-olds, 51.4% of all 2 year-olds, 60% of all 3 year-olds and 89% of all 4 years-olds received early care and education services of any kind.[91] In sum, only 57.5% of all American children below the age of five currently receive early care and education services of any kind (Regenstein, *et. al,* 1995; Bureau of the Census, 1992b).

MYTHS OF COOPERATION AND COLLABORATION

From the beginning, the cooperation and collaboration of service providers has been viewed as a crucial aspect of service integration. Gans and Horton refer to service integration as "a strategy for linking together, by various means, two or more service providers...."(Gans & Horton, 1975). In their recent landmark work, Kagan and Neville describe the program linkages component of service integration as "cooperation by two or more independent agencies to smooth-out the mechanics of service delivery approach"(Kagan and Neville, 1993).

Current service integration initiatives use a wide variety of approaches to structure the cooperative and collaborative relationships between agencies and among service professionals. A continuum of representing the approaches currently used to structure such relationships is presented in **Figure 2** (next page). In isolated structures, service professionals administering different programs attempt to carry out the objectives of that program with respect to a particular child and family with little or no consideration of other child or family needs and the parallel efforts of other service professionals. At the point of "communication," formerly isolated service professionals are talking with each other about the scheduling and sequencing

of different services and to some extent about the needs of the child and family (Gerry, 1993; Gerry and Paulsen, 1995).

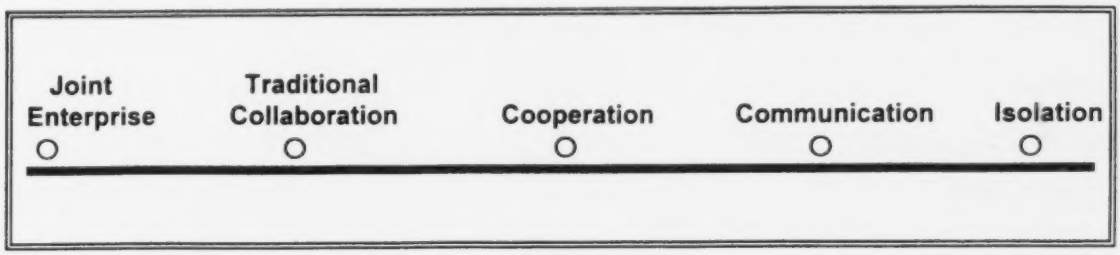
"Cooperation" occurs among service professionals as simple communication gives way to integrated service planning and coordinated service delivery. Now, the key question can become: how can we help each other? The next point on the continuum, "traditional collaboration," is reached when service professionals, across a broad range of programs and discip-lines, decide to work together to achieve their respective program goals. This stage is evidenced by a shift in the key question from how can we help each other? to how can we work together? (Gerry, 1993; Gerry and Paulsen, 1995).

The increasing inclusion of "case management" approaches within in service integration represents an expansion of the focus to include families in the cooperation or collaboration activity. However, by its very nature, case management accomplishes this inclusion by creating a new professional or quasi-professional mediator/overseer between the family and other service professionals and agencies (Kagan and Neville, 1993).

Several ***myths of cooperation and collaboration*** have been advanced to support the idea that under a categorical program-service integration approach, improved cooperation and/or traditional collaboration among service professionals can ensure that children will receive the combination of services and supports that will optimize or substantially improve their development, learning and wellness.

First, the overall child development, learning and wellness is not the central focus of

Figure 2 - A Continuum of Current Collaborative Structures



even most traditional collaboration approaches. Rather, the motive for working with other agencies and service professionals is to gain help in better accomplishing one's separate programmatic (and usually disciplinary) objectives for a child (Gerry and Paulsen, 1995). A central flaw of such a strategy is that the participating service professionals and families do **not** assume a joint responsibility for the achievement of **all** child-specific outcome measures (e.g., school success, and healthy child development). As a result, the success or failure of each of the cooperating or collaboration agencies is not based on any collective accountability for the development, learning and well-ness of the child (Gerry and Paulsen, 1995).

Second, traditional collaborative approaches do not see family members as part of the overall collaboration, although they often "consult" parents or assign case managers to represent their interests. Experience has demonstrated that if a *collaboration* is not **with** children and families, it will inevitably be perceived as doing something **to** children and families (Gerry, 1993).

Third, traditional collaboration approaches ignore or pay scant attention to the ability of different service professionals to assist each other on a continual basis to enhance the overall outcomes for a child. Human chemistry is neither an exact nor a predictable science. Despite the elaborate graduate education, credentialing and licensing systems which have grown in lock-step with the expansion of categorical programs, virtually all child and family service professionals (including teachers) engage in only three basic activities with children: informing, nurturing and protecting (Gerry 1993, Gerry and Paulsen, 1995).[92] Irrespective of graduate degrees or licenses, some professionals are simply more effective on certain tasks with certain families (Gerry and Paulsen, 1995). Current collaboration approaches fail to take advantage of this positive chemistry by assigning different child roles to different professionals with different children and families based on their collective judgment as to who is most likely to possess the combination of skills and positive human chemistry needed to be most effective with a particular child and family.[93]

Fourth, traditional collaboration exclude important service professionals from the overall collaborative activity. This process is perhaps best understood by seeing service professionals as located at various different developmental stations of a train on which the child and parent are riding. For example, at the first station, pre-natal care, a health counselor provides information and ongoing support to the expectant mother. At a second station, infant care, a neonatologist, visiting nurse and parent-teacher all work with the child and family. Finally, at a third station, early childhood education, a Head Start teacher works with

the child and parents for two years.

In this example, over the first five years of life, three different groups of service professionals have become familiar with the child and family. Some have important insights into the child's development, parental attitudes and the home environment. A few have build a trust relationship with both the child and parents. But, as the child gets older, in each case the child and parents get on the train to go to the next developmental station.

Most collaborative efforts to integrate services for a school age child fail to include these service professionals because none is currently providing services to either the child or family.[94] As a result, valuable information and valued relationships which have been developed at the pre-school are denied to the collaboration.

What Have We Learned?

In addition to the faulty assumptions outlined above, experience with a broad range of service integration initiatives for over 25 years has yielded three other important insights as to why the categorical program-service integration strategy cannot serve as an effective base on which to build the needed infrastructure of child and family support systems:

(1) The current categorical program-service integration approach disempowers rather than enlists families in ensuring the healthy development, learning and ongoing wellness of their children;

(2) The categorical approach both disempowers communities and fails to focus on the creation and maintenance of wellness oriented communities; and

(3) Categorical program-service integration accountability structures are

inherently unable to ensure the healthy development, learning and ongoing wellness of their children.

Family Disempowerment

The *myth of professional services* (discussed earlier) also works at cross-purposes with what should be a central objective of any serious effort to ensure healthy child development, learning and ongoing wellness — strengthening the ability and increasing the opportunities for families to respond effectively to the needs of their own children and solve all or most of their own problems without ongoing service intervention.

THE PROCESS

Through a three-step process, this myth works to rule out family problem-solving approaches (as well as assistance from peers and changes within the overall the political, social and economic environment) to meeting child and family needs. The **first** step in this process involves the translation of the needs of children and families (which could be understood in many other ways)[95] into deficiencies (i.e., an unfortunate absence or emptiness in another). One important consequence of this process is to dramatically reduce the like-lihood that friends, neighbors, co-workers and other within the community will perceive themselves as competent to perceive or act upon solvable problems (McKnight, 1995).

While it is self-evident that many child problems are heavily influenced by external factors, the **second** step in the family disempowerment process is to characterize this deficiency as internal to the child and family. Restrictive categorical service and financing structures

unwittingly contribute to this misdiagnosis because the tools and techniques (i.e., services) which they will pay for are usually limited to individualized interaction between the child and/or family and a service professional. Here, the tool too often defines the problem, rather than the problem defining the tool. Finally, the *pathologizing* of need is then validated by the creation of a disempowering label, often for both the child and family, which works powerfully to dissuade families from attempting to solve their own problems (Gerry and Paulsen, 1995; McKnight, 1995).

The **third** and final step in the process combines the compartmentalization of children (discussed in detail earlier) and the coding of the problem and solution into imcomprehen-sible terms which removes even the potential for family problem-solving by demonstrating to the family that it can understand neither the problem nor solution (McKnight, 1995).[96]

MEASURING THE DEGREE OF DISEMPOWERMENT

The impact of this disempowerment process on families is perhaps best measured by comparing the usual situation of a typical non-disempowered family ("*normal* family") with that of a disempowered family trapped within the categorical program-service integration approach. The answers to a series of four basic questions can be used to measure the relative degree of empowerment[97] (i.e., the relative distribution of power or control) of families within the structure of any service program:(Gerry, 1993; Gerry, Fawcett and Richter, 1996):

(1) Who determines whether and what children's services are needed?

(2) Who sets service priorities and specific service goals?

(3) Who determines when, where and by whom services will be provided? and

(4) Who determines whether services are provided effectively, i.e., Who must be satisfied?

Normal families determine their own service needs, sometimes with outside advice which they solicit. By contrast, program agencies and service providers, often influenced heavily by criteria for categorical eligibility and budget constraints rather than by child or family need, usually determine whether disempowered families need services, and, if so, what services are needed by them.

Normal families set their own service priorities and use their purchasing power to reach agreement with service providers on service goals. For disempowered families, service professionals usually determine service priorities and goals, with limited input from family members. Normal families often specify or negotiate desired service locations and schedules with prospective service providers. Disempowered families, however, are usually presented with limited service locations and fixed schedules by service professionals with a take-it-or-leave-it philosophy.[98]

Perhaps most importantly, *normal* families determine service effectiveness and exercise direct accountability through their checkbooks. In contrast, service professionals (or the agencies that retain them) working with disempowered families usually determine service effectiveness with little consultation with the affected families (Gerry, Fawcett and Richter,

1996).[99] In short, because the disempowered family is viewed as deficient, the important, valued, and evaluated outcome of the service is the service professional's assessment of his own efficacy (McKnight, 1995).[100]

Community Disempowerment

The *myth of professional services* also works at cross-purposes with what should be another central objective in any serious effort to ensure healthy child development, learning and ongoing wellness — strengthening the ability and increasing the opportunities for communities to respond effectively to the needs of their own children and families.

As was discussed earlier, child development, learning and wellness are the product of both personal factors (e.g., native intelligence, parenting skills) and environmental factors (e.g., access to developmentally appropriate child care and health care, parental employment and the availability of jobs, racism). Thus, the behaviors that affect child development, learning and wellness occur among a variety of people within the overall community,[101] not merely those experiencing or at-risk of specific problems. Indeed, improving the development, learning and wellness of children requires the engagement of diverse groups (e.g., educators, neighbors, churches, the media, and businesses) in an array of contexts and settings (e.g., homes, parks, stores, schools). In other words, child development, learning and wellness is inextricably bound up in their family, friends and neighbors (Gerry, Fawcett and Richter, 1996).

However, comparatively few American communities are currently actively involved in advancing the development, learning and wellness of all of their children.[102] Unfortunately and

inadvertently, the categorical grant program-service integration approach has contributed significantly to this failure.

Accountability

The current categorical grant program-service integration approach is unable to be accountable for the healthy development, learning and ongoing wellness of their children as aresult of several nherent problems. The term, *accountability*, is defined as "the state of being accountable, explicable or answerable, or liable." Each of these alternate definitions builds upon its predecessors to create an increasingly complex meaning of the term. The simplest meaning is the capacity to measure or to determine "where are we?" Next, comes the capacity not only to explain where we are but also "why we are where we are" and, in some circumstances: "who is responsible for where we are?" At its most expanded point, the definition of *accountable* also incorporates an obligation to correct or compensate (Websters, 1990). As Philadelphia School Superintendent David Hornbeck has defined it: "Outcomes based accountability includes a system of rewards and penalties that impact teams of responsible staff directly" (Gardner, 1994).

The current categorical grant program-service integration approach effectively precludes the use of an outcomes-based accountabilioty strategy. For example, if the focus of accountability for a service integration initiative is to be child-outcomes (e.g., child development, educational achievement), then the design of an accountability mechanism should begin with the realization that major outcomes of childhood and adolescence, including child development and educational performance, are significantly affected by both personal and environmental factors

outside the immediate control of schools and other service providers.

The *myth of professional services,* coupled with the restriction of membership in most service integration collaboration efforts, makes it impossible to bring all the necessary parties to the accountability "table."Outcome-based accountability also requires: (1) common outcome goals; (2) an organization and management structure and collaboration approach which creates joint responsibility for child outcomes; (3) and increased *empowerment* of families and neighborhood organizations and other community structures (Gerry, 1993; Gerry and Paulsen, 1995). For the reasons described in detail above, features of the current categorical grant program-service integration approach makes it impossible to meet any of these additional pre-requisites.

Goals and Guiding Principles

In order for the current generation of school reform efforts to succeed, a broader social reform is needed, one which creates an infrastructure of community-based support systems exists within the community which addresses all of the non-schooling problems of children and their families (Graham, 1993; Asayesh, 1993; Holton and Goroff, 1995). The overall system reform goal is to optimize the development, learning and wellness of all American children. For each child (and later, adult) the goal of such a system reform could be expressed as the maximum opportunity:

- To be physically and emotionally secure and healthy
- To exercise freely his or her autonomy, creativity, and spirituality

- To choose his or her areas of independence and interdependence, and degree of social participation
- To form and maintain caring and loving relationships with others
- To live a productive and, to the greatest extent possible, economically self-sufficient life (Gerry, 1993; Gerry, Fawcett and Richter, 1996).

This individual child goal is focused on choice and opportunity rather than on prescription and constraint. Its assumes that each child/adult is unique, that no two individuals will make identical choices in any of these areas, and that all children should have the maximum range of opportunities.

Based on the preceding analysis, eight principles should guide the design and development of a new infrastructure of community child development and wellness systems. These principles are:

(1) Communities, not schools, should assume the overall responsibility for the development, learning and ongoing wellness of all of the children who live within them; within this context, schools should be seen as *learning organizations;*

(2) Every American child should have ready access to a community-based and equitable system of care and support which is designed to improve his or her development, support his or her learning and ensure her or his wellness;

(3) Such a system should promote the creation of wellness-oriented communities which provide local forums where residents can invent, negotiate, and control it and be accountable for its outcomes;

(4) Such a system should be use a flexible, capacity-based approach to organizing its response to different types of child development and wellness needs.

(5) Within such a system, children and their families should have the freedom to choose among individual care and service providers;

(6) Such a system should, to the greatest extent possible, reinvest the resources received from community child development and wellness systems to enhance the capacity and well-being of the community; and

(7) As appropriate to ensuring child wellness, such a system should be linked to an ongoing effort to expand economic development, employment and social capital within the community; and

(8) The mechanism(s) used to finance an infrastructure of such community child development and wellness should be unitary, equitable and stable.

VI. A Network of Community Child Development and Wellness Systems

In this section, a system refotm vision ois presented and the roles which lawyers might play as architects, brokers and mechanics of this network are briefly explored.

The Vision

Five basic elements make up a vision of a new network of community child development and wellness systems: (1) the creation of a wellness oriented community; (2) the devolution of decision-making and control of resources to community partnerships; (3) the tailoring of system design, configuration and ongoing operation to fit the needs of local communities; (4) the creation of a stable and dedicated financing structure; and (5) state capacity building within local communities.

Creating A Wellness Oriented Community

In a wellness oriented community, the concept of primary care incorporates three interrelated elements. **First**, ready access to clinical preventive (e.g, disease prevention,

prevention of poor developmental outcomes), treatment (e.g., medication, therapy) services, and early care and education. **Second**, the active implementation of locally acceptable methods for addressing cross-cutting child development and wellness issues, such as the prevention of accidental injuries and adolescent pregnancy, and the capacity to identify and quickly address complex health and wellness problems such as family dysfunction or child abuse. **Third,** wellness oriented communities provide health maintenance services to children with chronic conditions (Gerry, Fawcett and Richter, 1996).[103]

Because child development and wellness are significantly affected by environmental factors (e.g., access to health care or recreational facilities, the availability of jobs, racism), community members are in the best position to identify and address child health and wellness concerns within their community. To be successful, ownership and control of the overall child development and wellness enterprise should be shared by all of the residents of the community (not just by youth and families with children) and by the various social, economic and service systems (e.g., schools, clubs, businesses) that influence the comm-unity environment. Priorities and strategies for improving child health outcomes and ensuring child wellness, thus, should be determined locally with the strong participation of families, adolescents, and others most directly affected.

Alexis de Tocqueville in his monumental treatise on American democracy describes empowered American communities— communities in which groups of citizens decide they have the power to define a social problem, decide how to solve it, and become key actors in implementing

the solution they devise (De Tocqueville, 1991). The wellness-oriented community depends on this exact blend of proactivity, leadership and contribution.

Devolution of Decision-Making and Control of Resources to Communities

Community child development and wellness partnerships ("community partnerships) would serve as catalysts for system change related to improving child development and wellness within each community.They whould have the power to: (1) define child health and wellness needs and problems within the community, (2) design a local child health and wellness system which meets such needs and responds effectively to such problems; (3) exercise control over the human, material and economic resources essential to the successful operation of such a system (McKnight, 1995; Gerry, Fawcett and Richter, 1996)).

Each community partnership would be governed by a board of directors, whose members reside within the partnership's geographic service area. Experience indicates that for community partnerships to be successful, ownership and control of the overall child development and wellness enterprise must be shared by all elements of the community (not just by youth and families with children) and by the various social, economic and service systems (e.g., schools, clubs, businesses) that influence the community environment (Gerry and Paulsen, 1995).

Several alternatives exist for structuring the composition and selection of the board members of these community partnerships (see the discussion on governance in Section III).[104] Whatever approach is used , it is essential that board members be representative of key community stakeholders and of the representatives of the community's principal channels of child

development and wellness influence (Gerry, Fawcett and Richter, 1996).[105]

Each community system s would provide universal access to an infrastructure of integrated child development and wellness services and supports for individual children and their families, and a process for actively addressing cross-cutting health and wellness issues.

Tailoring System Design, Configuration and Operations

The configuration of community systems should vary based on assessments by the community partnership of community child development and wellness outcomes, needs, capabilities and assets. The development of a community system design would begin with twelve core capacities (outside of the public schools) needed to support the optimal development, learning and wellness of children;

(1) Disease prevention, including immunization and health and wellness education;

(2) Safety and accident prevention, including community policing and parenting education;

(3) Prevention and reduction of high-risk behavior among adolescents,[106] through health education, peer counseling, mentoring and youth service activities;

(4) Health and developmental screening at all ages;

(5) Primary care, including outpatient and home-based health and dental care, mental health care, pre-natal care, sick-child care, early intervention services

(6) Health maintenance, including prescription drugs and necessary medical devices;

(7) Early care and education, including early childhood education;

(8) Hospital or in-patient care, including health, mental health and substance abuse treatment and rehabilitation;

(9) Food and nutrition, including food, prepared meals, and nutritional education and counseling;

(10) Emergency shelter, including respite and protective care and temporary housing for homeless children and families;

(11) Family support, including family counseling and family preservation services, and parental education and job training; and

(12) Environmental health and wellness, including the elimination or reduction of environmental health hazards, the expansion and improvement of recreational facilities and opportunities, and the availability of stable, gainful employment (Gerry, 1996; Gerry, Fawcett and Richter, 1996).

Based on the unique and changing human, social and physical environments of particular commun-ities, other capacities, should be included in such a community child development and wellness system in order to optimize child development, learning and wellness within that community.

The term "capacity" (rather than service or program) is used to describe these basic components of a child development wellness system because it is important to ensure that different communities be allowed to organize their response to different types of child development and wellness needs in both traditional and non-traditional ways.

Using these capacities as a core, community partnerships would next decide (based on a comprehensive needs assessment process) what other child development and/or wellness capacities

are needed with the particular community to optimize child development, learning and wellness. For example, in many communities, parental education, job-training and employment may be crucial missing ingredient in ensuring child development and wellness. In others, expansion of affordable housing may be critical.

Having determined needed child health and wellness capacities, a second system design step would be a determination of how best to make those capacities readily accessible by, and most valuable to, children and their families. This will necessarily require identifying existing channels of child development and wellness influence within the community[107] through a process which analyzes patterns of daily community life and assesses levels of trusts between community residents and various institutions.

In configuring the capacities of the community system to focus on the environmental determinants of high-risk behavior among adolescents or on environmental health concerns, different sets of strategies will be best suited to the realities of different communities. For example, in one community an active program of youth service sponsored by churches, neighborhood organizations and youth groups or an aggressive youth employment program might be clearly more efficacious that more traditional counseling or mentoring strategies. In another, an action group might conclude that there will be little impact on the wellness of large number of adolescents unless the strategy reaches outside of the community to create youth jobs or to address environmental toxins (such as lead) or threats to the community's water supply. Indeed, depending upon the underlying nature of the environmental determinant and the scope of the

capacity which needs to be created, collaborations among community partnerships in a particular locality would appear both inevitable and desirable.

The implementation and ongoing operation of an overall community system could be perhaps best nevisioned by separating system activities into three categories:

(1) Those activities involving the provision of *primary care*, i.e., the core capacities of primary health care; early care and education; disease prevention, sick-child care; and hospital or other in-patient care);

(2) Those activities involving the provision of other wellness care to individual children i.e., the core capacities of food and nutrition, emergency shelter, family (non-income) support, and any other individually-focused capacities identified by the community; and

(3) Those activities involving *preventive intervention* related to child development and wellness, i.e., the core capacities of safety and accident prevention; prevention and reduction of high-risk behavior among adolescents; health and developmental screening; environmental health and wellness, and any other prevention (environmental determ-inant) capacities identified by the community.

Consistent with the guiding principles set forth in Section V, whatever the eventual configuration of a community system, all children and families needing individual care services will able to choose among potential service providers. As a result, the financing of individual health care would occur on a fee-for-service basis under an annual global budget cap. Service costs and payments mechanisms would be negotiated periodically at the local level.

In coordinating the provision of other wellness care to individual children and families (e.g. food and nutrition, emergency shelter), community partnerships would receive a global budget payment each year for other child wellness care and for prevention activities. Because

this payment would **not** be assumed to be sufficient to meet all remaining all individual child development and wellness needs and all prevention needs of children within the community, priority setting by the community partnership would take on a critical importance. As a result, community partnerships would enjoy broad discretion in structuring the financing of child health and wellness capacities in this area. For example, this discretion would permit individual community partnerships to directly employ child development or wellness care providers, enter into contractual arrangements with public or non-public providers, or issue vouchers to children and families to purchase services from a competitive market.

Community partnerships would play an active, ongoing role in the implementation of those capacities within the community system that are focused on prevention and related environmental determinants of child development and wellness, in such areas as adolescent and maternal substance abuse, unplanned adolescent pregnancies, child and adolescent injury prevention, and prevention of child abuse and neglect.

Within the overall design of the community system, three types of preventive interventions would most likely be pursued: universal, selective, and indicated. Universal interventions attempt to reduce exposure to development and wellness risk factors among all children in the comm-unity. For example, revisions in school lunch menus and adoption of low-fat food preparation methods increase low fat food choices for all children, and all children are likely to benefit from the intervention.

Selective interventions occur with subgroups of children within a community who are at

increased risk for particular injury or poor development or wellness outcomes. For example, families with small children might receive checklists and adaptive devices to "childproof" a home, because young children are particularly prone to accidental injuries within the home.

Indicated interventions are recommended only for that subgroup of children who have a risk factor or condition that identifies them as being at sufficiently high risk for a disorder to merit what may be a more costly and potentially more stigmatizing type of intervention. An example of a situation warranting an indicated intervention might be the need for mental health assessment for children who risk markers for conduct disorder (Gerry, Fawcett and Richter, 1996).

Consistent with the overall design of the community system, preventive interventions would target particular children, enable agents of change and affect and environmental determinant of child development and/or wellness through identified channels of influence. For example, to reduce tobacco addiction among youth, it may be necessary to reduce illegal sales of tobacco products to minors. To reduce illegal sales, the behaviors of store clerks and owners might become targets of intervention. In such a situation, the community partnership might convene or provide a venue for a group of youth, store managers, and law enforcement officers to plan and implement interventions to reduce sales.

A Stable and Dedicated Financing Structure

Consistent with the guiding principles presented in Section V, the financing of community systems should be accomplished through a systematic approach[108] which facilitates reinvestment

of resources to enhance community capacity and well-being of community residents.[109] A currently envisioned, the financing of the ongoing operations of community systems would be carried through trust funds established at the local, state or national levels. One of these funds would provide the funds necessary to finance the individual child care costs incurred by a community system. [110]Another trust fund would provides financing for the provision of other individual child development and wellness services and for prevention-oriented activities.

Whatever financing approach is ultimately used, it should seeks to reward success without severely penalizing failure. To do this, incentives and rewards for cost-saving should be linked to improved performance on child development, learning and wellness outcomes (Gerry, Fawcett and Richter, 1996).[111]

Depending on whether implementation is local, statewide or national, funding for community system trust funds could be obtained through a combination of reprogramming existing resources and generating dedicated revenues through one or more tax-based mechanisms. For several reasons, a new uncapped payroll tax would appear to be by far the best alternative.[112] It is familiar, highly efficient, certain and would require no significant additional tax collection overhead to businesses. It is automatically adjusted for inflation, and thought to be the least unpopular of all major taxation strategies. The burden of the tax falls equally on wage earners and businesses (Gerry, 1996; Gerry, Fawcett and Richter, 1996).[113] Its greatest potential disadvantage is the likelihood of serious opposition from the business community.[114]

Service Integration and Beyond: Implications for Lawyers and Their Training

State Capacity-Building

In support of community systems, states agencies could play two very important roles. **First**, states could help build community capacity to support the day-to-day operations of a community system in three key areas: (1) enhancing the experience and competence of community partnership for information gathering and listening, assessment and diagnosis, management and leadership; (2) providing technical assistance and consultation to assist community partnerships with strategic planning, policy development, social marketing and the management of systems change; and (3) assisting community partnerships in the design and implementation of monitoring and evaluation strategies for reviewing the performance of community systems (Gerry, Fawcett and Richter, 1996).

Second, states need to ensure that the type of abuses in the provision of individual child and family care which occurred under what is sometimes referred to as "the old county health and welfare systems" do not reoccur. For example, states might wish to create a state ombudsman system to oversee the operation and decision-making of community partnerships from the stand-point of individual child and family decision-making and overall equity and fairness.

Implications for Lawyers and Their Training

If lawyers are to participate in designing, implementing and supporting the ongoing operation of new community child development and wellness systems, they need to play a combination of old (i.e., those identified in Section IV in connection with service integration) and new roles. In both instances, they will have to work closely with families, communities,

educators and other service professionals.

For example, lawyers will need to continue to be involved in the development of law and regulation in the legislative and executive branches of Federal and state government. However, rather than focusing on make the various components of the categorical grant structures more compatible, the type of system reform envisioned by this section will place a much greater emphasis on system design at the state or national level and a much greater emphasis on supporting decision-making and ensuring equity at the community level. Rather than focusing on identifying and dismantling the legal and programmatic barriers, lawyers will need to develop new roles and counselors and advisers to community partnerships seeking to establish goals, set priorities, act as direct payer for individual care, and determine the proper pattern of community wellness investments.

Rather than a preoccupation with what Mary Ann Glendon describes as "the romance of rights," lawyers working in support of system reform will be increasingly expected to help their community partnership clients plan and maintain relationships that depend on regular and reliable fulfillment of responsibilities. In assisting states ensure the equity and fairness of the new decentralized systems lawyers will need to reject traditional notions of absoluteness and focus on the essential interplay between rights and responsibilities (Glendon, 1993).

Built into the design of the envisioned community child development and wellness systems is a moral and programmatic duty-to-rescue standard for the community partnership which goes well beyond the traditional notion that the approval or disapproval of the community could be

counted on to see that most people did the right thing, most of the time (Glendon, 1993).

While lawyers and educators must work together, in collaboration with parents and a broad range of other child and family professionals, to design, implement and manage the new community child development and wellness systems, developing governance arrangements that ensure "legitimacy by incorporating the authentic voices of the entire community, and crafting mechanisms that ensure informed and free choice by families will be much more at center stage (Chaskin and Garg, 1995; Osborne and Gaebler, 1992).

While the only interagency service coordination agreements which will be needed in connection with the new community child development and wellness systems will be between the community systems and the local public schools, a strong need to work with community partnerships to overcome differences in organizational and disciplinary *cultures* will continue to exist. In this regard, lawyers will need to continue to be particularly vigilant to prevent jargon (legal and programmatic) from undermining the successful operation of the new community systems.

In addition, to a much greater than average grasp of the law governing a wide range of areas and a familiarity with a variety of areas rarely addressed by law school curricula with (as described in detail in Section IV), lawyers working to design, implement and support the ongoing operation of new community systems will need extensive preparation in understanding of the community structures, formal and informal, that both influence child development and wellness and form the social, economic and political context for the new community systems. As John

McKnight points out:

> ***"Care" is a special relationship characterized by consent rather than control. Therefore, its auspices are individual and associational. The community is the appropriate social tool for providing care*** (McKnight, 1995).

In this regard, it is even more essential that the system of professional preparation and training must respond to these new information and skill needs through a program that emphasizes *practicum* experience and provides a range of opportunities for *learning-by-doing*.

Conclusion

Service integration approaches — no matter how fully developed, financed and implemented — cannot meet the demand for fundamental systems-change which has been generated by current school reform efforts. Only through the creation of new, universal community child development and wellness systems can society respond effectively to the growing and legitimate demand of school reform for the creation of infrastructures that will optimize the development and wellness of children and support learning and high levels of academic achievement.

Current service integration initiatives, as well as the envisioned shift to a new, community-based network of child development and wellness systems, have important implications for the current and future work of lawyers and for their professional training. In pursuing this work, lawyers and law schools need to be particularly mindful of the insights of two non-lawyers. First, the theologian Reinhold Niebuhr who observed almost 65 years ago that:

> ***We live in an age in which personal moral idealism is easily accused of hypocrisy; and frequently deserves it. It is an age in which honesty is***

> ***possible only when it skirts the edge of cynicism. All this is rather tragic....Yet there is beauty in our tragedy. We can no longer buy the highest satisfactions of the individual life at the expense of social injustice. We cannot build our individual ladders to heaven and leave the total human enterprise unredeemed of its excesses and corruptions*** (Niebuhr, 1932).

Second, because in a *just society*, there is a compelling moral obligation to remove the artificial barriers that current constrain the opportunities of large numbers of American children, the judgment reached 25 years ago by the legal philosopher, John Rawls, that:

> ***Laws and institutions, no matter who neatly arranged or convenient, must be reformed if they are unjust*** (Rawls, 1971).

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End Notes

[1] The term, "wellness," means the condition of good physical and mental health, fitness and emotional well-being. Health is usually defined as the overall condition of an individual at a given time, particularly with respect to the freedom from disease or abnormality of the body and mind. Although health in this sense is an important aspect of wellness and health care services are an important tool of health improvement, our understanding of the term wellness is predicated upon the World Health Organization's qualitative definition of health.

[2] This group of lawyers includes both those working for public agencies directly engaged in service integration initiatives and those public interest lawyers pursuing service integration in order to improve outcomes for children and families through a combination of advocacy, lobbying and litigation.

[3] Actually, *A Nation at Risk* has spawned two vision of reforms which to some appear at cross-purposes. One vision would replace the present system of public governance of schools with a regulated market (Chubb and Moe, 1990). The second focuses on children at-risk and the need for public schools to collaborate with other agencies on holistic solutions (Mitchell and Cunningham, 1990). Both approaches, however, are designed to achieve the same goal of universal educational success. Elements of both approaches could be combined with the new network of community child health and wellness systems which is proposed in this paper. Space does not permit a more detailed explanation of each of these different reform visions.

[4] For example, what changes would need to be made in school-higher education relationships to correct important gaps in teacher training if gaps in teacher training or problems created by negative attitudes of teachers toward parents? Similarly, what changes need to be made in school-community relationships to overcome current obstacles to active parent participation and to change student attitude about learning?

[5] Graham identifies some of these circumstances: (1) single parent-families (e.g., 50% + of children will spend some time in a single parent-family); (2) racism (i.e., 40% of children in school by the year 2000 will be children of color); (3) poverty (25% of all children live in poverty); (4) poor early care and education (e.g., only 29% of 3 year-olds and 48% of 4 year-olds participate in early childhood programs); (5) poor health care (e.g., 20% of all children have no health insurance; and 50% + of all children are not fully immunized); (6) excessive dependency on television (e.g., children on the average watch from 3 to 4 hours of television daily); and (7) too much or too little employment of adolescents during high school (Graham, 1993).

[6] It may be appropriate to point out that while school reformers are calling for holistic, community-based support networks for children families, important work in this regard remains to be done within the school building itself. While considerations of space prevent a longer discussion in this paper, schools themselves operate numerous categorical educational services (e.g., special education, bilingual education, vocational education and compensatory education) which feature deficit-based eligibility criteria, highly compartment-lized service structures and process-based accountability. Significant problems arise from the failure and/or inability of school systems to coordinate and integrate these categorical educational services both with each other and with general class instruction. Specifically, the "pull-out" model associated with many categorical programs makes it difficult for classroom teachers to reserve sufficient time for uninterrupted instruction for all of their students. Insufficient coordination of Title I instruction with general class instruction has been shown to impede student learning. Past practices and historical traditions in how resources are used may propose much larger barriers to the integration of categorical education services than actual statutory or regulatory requirements (Carlson and O'Reilly, 1996).

[7] The only significant exception to this assumption were children orphaned by the death of one or both parents. But even in this situation, it was expected that most orphaned children would be raised by members of their extended

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family (Olasky, 1992).

[8] The raising of children was generally understood to include not only parenting and nurturing but also the inter-generational transmission of religious, moral and ethical values (Gerry, 1993).

[9] Ironically, although intended for the poor, school funding patterns from 1920 to 1960 probably meant the greatest benefits of these school-based health and social services actually went to the wealthier children (Tyack, 1993).

[10] Federal categorical grant programs actually had their origins in the agricultural extension legislation of 1987. Between 1914 and 1921, Federal categorical grants targeted on maternal and child health and vocational education were enacted (Gardner, 1994). But these programs were a very modest harbinger of what was to come thirty years later.

[11] In 1940, in almost all American cities with a population of over 30,000, there was some form of school-based public health services -- usually the availability of school nurses and medical inspections. In most cases, a physician was responsible for administering the program (Tyack, 1993).

[12] For example, "visiting teachers" who had been advocates for improving the general social conditions of children and families when transformed into school social workers, became part of the machinery to ensure school attendance. David Tyack calls this phenomenon "goal displacement" (Tyack, 1993).

[13] These targeted problems included chronic unemployment, educational disadvantage, and inadequate health care and nutrition.

[14] The principal exception to this pattern is the Food Stamps programs where Federal funds are the sole source of financing.

[15] Federal expenditure ceilings have recently been established under some of these programs. As a result, while they are now less than truly uncapped, few states have come near *drawing down* the maximum amount of Federal dollars potentially available.

[16] While states have varying degrees of flexibility in distributing these grant funds within the state (usually greater under block grants than formula grants), no real opportunity exists (except for dramatic shifts in population or need) to increase the overall amount of funds flowing to the state each year under the program. In these programs, a new dollar spent in one community means a lost dollar in another.

[17] Discrimination against children by public schools and other public and private agencies receiving Federal financial assistance was prohibited on the basis of race and ethnicity (Title VI of the Civil Rights Act of 1964), gender (Title IX of the Education Amendments of 1972, and physical and mental disability (Section 504 of the Rehabilitation Act of 1973).

[18] Although girls were the primary group of children protected by the enactment of Title IX, no parallel creation of program entitlements occurred. While the school reform process devoted some attention to eliminating sex bias in curriculum design and materials, due to a variety of factors, this aspect of access-oriented school reform was comparatively short-lived. One of those factors was the absence of an ongoing and dedicated funding stream.

[19] This approach was particularly successful with cash assistance and services for persons within the AFDC population. For example, during the 1960s and early 1970s, policy on how to best help low-income families fluctuated between increasing the level of cash benefits (e.g., letting families decide how to spend income support) and channeling money away from cash support and into specific categorical service structures (e.g., Food Stamps, low-income energy assistance) designed to protect against "poor" family decision-making. The net result of these policy fluctuations was a significant increase in the number of categorical programs (Gardner, 1994).

[20] The education block grant which was created was Chapter II of the Education Consolidation and Improvement Act.

[21] The funds consolidated under this Act represented about 10% of total Federal grant funds going to state and local government. The OBRA block grants represented a 12% or $1 billion reduction in the total funding level of the categorical grant programs that were consolidated. In fact, in the decade following the enactment of OBRA only two of these new block grants (i.e., Preventive Health and Prevention and Treatment of Substance Abuse) experienced any funding increases above the OBRA base.

[22] These icebergs have been spawned primarily by the failure of the current Federal categorical grant program approach unmet to reflect fundamental American themes of opportunity, fairness, self-sufficiency and family responsibility.

[23] The Federal role in the financing public education is a quite recent one and comparatively small one. The current Federal contribution toward the total costs of public elementary and secondary is less than 7%. The two largest Federal categorical grant programs targeted on public elementary and secondary education are Title 1 of the Improving America's School Act of 1994 (IASA), and (2) The Individuals With Disabilities Education Act (20 U.S.C. § 1400 *et seq*). Each of these programs is discussed in detail else where in this volume. Tile 1 provides funds to local school districts to meet the special needs of educationally deprived children who are enroled in schools with high concentrations of children from low-income families. More than 90% of all school districts receive Chapter 1 funds; 3/4 of all elementary schools and 1/3 of all secondary schools provide Title 1 services. Recent amendments to the Title 1 program are designed to support comprehensive state and local reform of teaching and learning and incorporate new performance-based accountability provisions. The IASA also requires that Title 1 funds be used to: (1) extend learning time; (2) reduce *pull-out* time from the regular classroom ;and (3) support instructional programs focused on higher order thinking skills. The new law also shifts responsibility for important decision-making to the school building level and strengthens school-level parent involvement. The IDEA is a formula grant which is fully financed from Federal funds. Unlike Chapter 1, the IDEA provides a Federal guarantee of basic educational opportunity. Specifically, the law guaranties each school-age child with a disability in the United States the availability of a free, appropriate public education, consisting of whatever special education and related services are needed by the child to fully benefit from public education. These services, which are identified on the basis of a comprehensive individual evaluation also mandated by the Act, are described in an individualized education program developed jointly by school officials and parents. As a result of these requirements, although technically no state match is required, state and local agencies have effectively matched the Federal expenditures at approximately a 10:1 ratio.

[24] In 1990, total annual expenditures for maternal and child health services exceeded $145 billion, of which approximately 30% was funded by government directly. The balance came from expenditures by individuals for out of pocket payments ($25 billion) and from individuals and employers for health insurance ($77 billion). Of nearly 100 Federal categorical programs targeted on some aspect of maternal and child health, three have been of particular importance to improving maternal and child health. Medicaid is an uncapped, state administered medical assistance program, jointly funded by the federal and state governments, which currently provides services to over 13 million children, or 20% of all children, between the ages of birth and 18 years. The Maternal and Child Health Services Block Grant provides funds to states to develop family-centered, coordinated systems of care at the community level and to provide free health services to mothers and children, particularly those in low-income families, with limited service access or with special health care needs. The Preventive Health and Health Services Block Grant provides funds to states for a variety of preventive health services, including health education and risk reduction, comprehensive public health care, and tuberculosis control. The program is administered by state health agencies which determine the uses of the funds, the recipients of the services, and the types of services to be provided. While the latter two programs are labeled "block grants," they contain significant restrictions on which children and families can receive services and on what services can be provided.

[25] Total annual public expenditures for food and nutrition services for pregnant women and children in 1990 exceeded $15 billion, of which approximately 89% were from Federal sources (Bureau of the Census, 1992b). Three different Federal categorical programs have been of particular importance to ensuring child health and nutrition. The WIC program distributes Federal funds to states to provide specific supplemental foods and related services to over 3.5 million low-income women (pregnant women and mothers of infants), infants, and children (below age 6) judged to be at nutritional risk. The Food Stamps Program enables persons in low-income households to buy nutritious food by increasing their food purchasing power. Eligible households receive food stamp benefits on a monthly basis in the form of coupons. State welfare agencies are responsible for the day-to-day administration of the program within broad Federal requirements. The School Breakfast and School Lunch programs are entitlement programs that provide Federal funds to states to help cover the costs of serving subsidized and free school breakfasts and lunches which must meet nutritional requirements specified in Federal regulations. Within broad Federal requirements, state educational agencies administer the program through agreements with local schools or school districts.

[26] The principle sources of financing for early care and education services are non-public (e.g., family resources or funds made available by business organizations). Of the over $37 billion of total annual expenditures in 1992 for early care and education, only $9.3 billion (26%) came from government directly or through tax credits. (Bureau of the Cenusus, 1992a). Three different Federal categorical programs and a recent Federal block grant are of particula rimportance in making early care and education available to pre-school children. The At-Risk Child Care program provides Federal funds to states to provide child care assistance to families who are not receiving AFDC but need child care in order to work. States set eligibility standards, the level of co-payments from families, and the methods of providing care and payment to providers. State matching funds are required. Head Start is a Federally administered and Federally funded program that provides grants to local agencies to provide comprehensive developmental services for low-income preschool children. The At-Risk Infant and Toddler program provides Federal funds to states to establish a statewide system of early intervention for all handicapped and "at-risk" infants and toddlers (ages birth through 2 years) and their families. The Child Care and Development Block Grant Program makes Federal funds available to states to provide grants, contracts, and certificates to promote the quality and accessibility of child care services for low-income families with a parent who is working or attending an educational program. No state matching funds are required. This block grant also contains important restictions on eligibility and fund use.

[27] In FY 1991, total annual public expenditures for cash support to children living in low-income families was approximately $44 billion; public expenditures for child welfare and non-cash family support exceeded $34 billion (Bureau of the Census.1993). The Aid to Families with Dependent Children (AFDC) program and the Earned Income Tax Credit (EITC)are the principal sources of Federal cash support for children living in low-income families. AFDC is an open-ended, state administered, joint state and Federally funded program which provides income support to dependent children in their own homes by providing cash to needy families that have been deprived of parental support. The Earned Income Tax Credit was enacted in 1975 to target tax relief to working low-income taxpayers with children, to provide relief from the Social Security payroll tax (FICA) and to improve incentives to work. Unlike most tax credits, the EITC is refundable, i.e., if the amount of the credit exceeds the taxpayer's Federal income tax liability, the excess is payable to the taxpayer. Three Federal categorical programs provide the bulk of financial support for child welfare and non-cash family support services. The Foster Care Adoption and Assistance program is an open-ended state grant program which provides funds to states for out-of-home placements and related administrative expenses, including referral of troubled families to child welfare agencies and preparation for and participation in judicial determinations of child placement. The Children and Family Services program is a capped formula grant program, provides funds to states for family supports, prevention, and reunification services. The Social Services Block Grant is, in practice, a semicategorical program which provides Federal funds to states for social services and social services staff training, but states have wide discretion over which services they provide and who may be eligible for the services (usually low-income families and individuals)

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[28] Congress has from time to tome attempted to create a more integrated approach to meeting child and family service needs within the design of a particular categorical program.. The Model Cities and Community Action legislation of the 1960s contained broad definitions of covered services and mandates for service integration. The Head Start program of the mid-1960s and the 1975 Education of All Handicapped Children Act (P.L. 94-142) both define services very broadly and seek to actively incorporate health and social services for children and families within the design of categorical programs targeted on low-income preschool and disabled school-age children, respectively.

[29] Families repeatedly report six major types of human service system barriers that stem from the absence of effective collaboration: (1) *"What opportunities are out there?"* Families are provided no assistance in identifying opportunities within the community, and often, individual community agencies simply don't know what services exist within the local environment; (2) *"I don't even know who to call!"* Families are unable to identify and reach anyone in the community who is responsible and readily available to help the family identify and gain access to needed services; (3) *"It's not what we needed!"* Services needed by families simply are not available within the local community or are ineffective because they are not responsive to the family's individual needs; (4) *"They'll be closed by the time I get there!"* Services or benefits within the community are inaccessible to the family because of service arrangements, such as geographic location and office hours; 5) *"It's the frying pan or the fire!"* Families are discouraged from seeking (or penalized if they obtain) needed services or benefits because of conflicts between the goals and assumptions of different categorical programs; and (6) *"We were just left high and dry!"* Services and benefits are prematurely interrupted or terminated, frustrating the attainment of family goals (Gerry, 1993).

[30] Most of the needs of families who become dependent on government for services and supports are really no different in kind than those of other families. Frequently, what are different are the multiplicity and severity of problems facing the family a single point in time and the resources, human and financial, that are available within the family to confront these problems.

[31] Although space does not permit an extended discussion of this issue, significant problems exist within schools with respect to the coordination and integration of categorical education programs.

[32] A new *Services Integration Targets of Opportunity* (SITO) initiative funded 35 exploratory projects to test state and local linkage mechanisms and integration approaches. These projects provided some evidence that interagency linkages can improve accessibility, availability, and responsiveness to clients, but they were unlikely to reduce costs. The *SITO* demonstration grants were followed by HEW's *Partnership Grants Program* which funded 79 demonstration projects aimed at assisting State and local general purpose governments to improve their capacities to plan and manage integrated human service programs. Increased recognition of the importance of effective local level planning and management of human services also resulted in funding five *Comprehensive Human Services Planning and Delivery System*, designed as a multi-site experiment to test key service integration management elements, including common cost accounting, shared management information systems, and cross-cutting case management systems.

[33] For example, through legislation such as the Comprehensive Employment and Training Act, the Housing and Community Development Act, and Title XX of the Social Security Act (now the Social Services Block Grant).

[34] The term "service coordination" is used to describe a generic process that seeks to ensure that services provided through two or more programs are complementary and mutually supportive. "Service integration," in general and as defined in this paper, is a service coordination strategy.

[35] The Deficit Reduction Act of 1984 authorized the *Service Integration Pilot Projects* (SIPP), federally assisted efforts to demonstrate the use of state-level, integrated service delivery systems in improving the effectiveness and efficiency of human services programs. Each grantee-state tested a common set of service integration mechanisms

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(e.g., unified budgeting and accounting systems, uniform application and eligibility procedures). Several established important linkages across different services, programs, and agencies in order to address the needs of various target populations of at-risk or disadvantaged children and families.

[36] These service delivery problems were identified as: (1) the duplication of effort across agencies serving the same child and family; (2) the discontinuity of related programs designed to serve the same consumer; (3) the incoherence which results from pursuing different service objectives for the same child or family with no relation to each other; and (4) the absence of family choice in the selection of alternate strategies to reach specified child or family goals (Rein, 1970).

[37] That same year Gans and Horton propose to define *service integration* as: "a strategy for linking together, by various means, two or more service providers to allow treatment of an individual's or family's needs in a more coordinated and comprehensive manner(Gans & Horton, 1975). A later process-oriented definition, viewed *service integration* as "a process by which a range of educational, health and social services are delivered in a coordinated way to individuals and families" (National Center for Service Integration, 1991).

[38] Most of the current statewide and comprehensive community-based initiatives are currently pursuing the two interdependent goals cited by Kagan and Neville, together with at least some of the thematic objectives noted by Levy and Shephardson. For example, *Ensuring Student Success Through Collaboration*, a project of the Council of Chief State School Officers , is simultaneously focused on system change (collaboration), strengthening families and improving outcomes for children. Similarly, the *New Futures* initiative of the Annie E. Casey Foundation has sought to transform educational, social and health outcomes through major changes in the underlying service systems and institutions (The Annie E. Casey Foundation, 1995).

[39] An early government task studying the subject, defined *service integration* as a process which is: "aimed at developing an integrated framework for coordinating locally the delivery of a comprehensive range of services within a holistic approach to the child and family unit and on the basis of a rational allocation of resources that is responsive to local needs."(HEW Task Force, 1972).

[40] The *program linkages* component of service integration is seen as cooperation by two or more independent agencies to smooth-out the mechanics of service delivery approach but without the need to alter basic policy or the front-line behavior of service professionals or *clients*. A *policy management* component of *service integration* is one of a concerted effort to unite program strands within the service system in order to create greater coherence and accountability. Finally, the *organizational structure* component, represents a central vehicle for consolidating or unifying linkages among formerly independent organizations (Agranoff and Pattakos, 1979). Other have suggested a five rather than a four dimensional definition of service integration. The five dimensions are (1) a unified administrative structure; (2) local administrative control; (3) coordinated case management; (4) the collocation of multiple program services; and (5) a single point of intake (Martin, *et. al.*, 1983). This approach has been somewhat revised by Kagan and Neville who outline three different theoretical perspectives on *service integration*: the structural, the systems and the humanistic, which are seen as co-linear rather than competing (Kagan and Neville, 1993).

[41] This includes components such as information-and-referral and case management. Information -and-referral is primarily concerned with providing families with an initial point-of-contact who can assist families gaining access both to information about available services and supports within the community and to the services, themselves. Case management represents a more ongoing and more interactive approach. Here, human service professionals often assist families in developing a coordinated plan of services and supports, and arrange for and oversee the implementation of that plan. Case managers may also assess child and family needs, and evaluate the overall effectiveness of services and supports provided.

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[42] This includes components such as collocation of services and consolidated application and intake procedures. "Collocation" is a strategy in which two or more services or supports are provided at the same site, usually by two or more different agencies. The consolidated application and intake approach involves using a single, common application completed by a family as the basis for making eligibility decisions under two or more different programs.

[43] This approach focuses on a comprehensive policy creation by intergovernmental groups at the state or local levels which attempt to provide an infrastructure for service integration activities by operating above categorical and agency boundaries. These special intergovernmental entities are sometimes given special planning, financing and evaluation roles.

[44] Kagan has more recently proposed a definition of *service integration* that combines descriptive, process-oriented and outcomes themes. In this definition, *service integration* is seen as a combination of three essential components. The first of these components is a combination of child outcomes and *systems-reform* goals. The second is a set of functions (strategies) designed to: (1) bring together previously unconnected services; (2) overturn past practice, policy or bureaucracy; (3) create mechanisms which promote and maintain integrative strategies; and (4) change relationships among people and institutions. The third component is the set of four descriptive approaches proposed by Kagan and Neville (Kagan, *et. al.*, 1995). While this newer definition of *service integration* embraces and interrelates much of the earlier theoretical work on the subject, it fails to incorporate any definitional link between *service integration* and: (1) a service emphasis on *enabling* families rather than on *caretaking;*" (2) strengthening the capacities of both families and neighborhoods; or (3) neighborhood social capital and economic development or the need for increased employment and enterprise.

[45] Bruner views the focus of service integration to be on "helping families gain control over their lives through managing day-to-day stress, overcoming social isolation, and establishing goals and taking steps to meet them."(Bruner, 1989).

[46] To obtain an overall sense of the current range of *service integration* initiatives, the author reviewed state-based service integration initiatives in 25 states, including the states participating in the Danforth Foundation's *State Policymaking Program* (i.e., Georgia, Indiana, Iowa, Minnesota, Nebraska, Nevada, North Carolina, Oklahoma, Pennsylvania, South Dakota, Utah and Vermont), the states participating in the *Ensuring Student Success Through Collaboration* project of the Council of Chief State School Officers (i.e., Arkansas, California, Iowa, Kentucky, Maryland, Missouri, Oregon, Texas, Washington, and Wisconsin), the states studied by Kagan, *et al.* (i.e., Colorado, Florida, Indiana and Oregon), and Kansas. In addition, a cross-section of important comprehensive community-based *service integration* initiatives were also reviewed, including service integration initiatives participating in the Ford Foundation's *Neighborhood and Family Initiative* (i.e., Detroit, Hartford, Memphis, and Milwaukee); the Annie E. Casey Foundation's *New Futures initiative* (i.e., Bridgeport, Dayton, Little Rock, Pittsburgh and Savannah); the Kellogg Foundation *Youth Initiatives Program* (four Michigan locations); the *Caring Communities Program* in St. Louis, Missouri; *The Atlanta* and *Austin Projects*; New York City's *Beacon Schools*; San Diego's New Beginnings; Philadelphia's *Youth Access Centers;* and Kansas City's *Local Investment Commission*.

[47] A recent survey of rural *service integration* sites revealed that virtually all of these initiatives are focused on "at-risk" children and youth (Bhaerman, 1994).

[48] Another analyst divides the range of services which could be integrated as part of a comprehensive service integration initiative into three major categories (i.e., health, educational and social services) and seven principal subcategories: (1) child development and education; (2) employment and higher education; (3) health and nutrition; (4) family support; (5) social and legal services and supports; (6) recreation; and (7) practical assistance (Kadel, 1992).

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[49] In the school-based strategy, the school becomes a center for a wide range of psychological, health, social, recreational and treatment services, a site not only for educational remediation, but for changing the whole array of negative behavioral outcomes. (Dryfoos, 1991; Gerry and Paulsen, 1995).

[50] While similarly school-focused, a school-linked services approach envisions the provision of services to children and their families through a collaboration among schools, health care providers, and social service agencies. Schools are among the central participants in planning and governing the collaborative effort and services are provided at (or are coordinated by personnel located at) the school or a site near the school. The school-linked approach often requires agencies that typically provide health and social services off the school site to move some of their staff and/or services to the school (Larson, *et al*, 1992; Gerry and Paulsen, 1995).

[51] Community-based strategies include both those sponsored by community-based organizations separate from the public service delivery system and community-based programs that maintain strong links to a local government agency or program (Chaskin and Richman, 1992).

[52] While schools are the most extensive institutional universal provider of children's services, a significant number of community residents (particularly those who were former students) may view the school as a hostile environment in which they both failed and often suffered humiliation (Gerry and Paulsen, 1995). Other universal service providers for children and youth include public libraries and recreation programs. In most communities, the attitudes of families toward nearby schools run the full gamut. In some neighbor-hoods, elementary schools have become true community institutions, trusted centers of community activity. In these instances, the school would be an ideal locus for child and family support. In other neighborhoods, schools are more like fortress outposts in openly hostile country. In these locations, where no trust exists between families and schools, any other community site would be a better locus for child and family support. As Bob Chaskin and Harold Richman *observe: The nature of community life is too diverse and the array of services and opportunities required for children is far too broad for the school, or any single institution, to plan or provide. To constrain points of access to a school-based system would be to lose the richness and diversity required in such an array of services* (Chaskin and Richman, 1992). A decision framework for deciding the locus of service coordination question has been suggested which includes criteria such as the extent of family trust in the location, the extent of the connection between staff at the location and staff of other agencies, the general availability of space, and the accessibility of the location by public transportation (Melaville, *et. al*., 1993).

[53] These different types of agency linkage can be *voluntary* (i.e., where an integrating agency has the dual responsibilities of providing direct services and overseeing the provision of services by other agencies to ensure comprehensiveness), *mediated* (i.e., where an integrating agency is primarily responsible for developing linkages among autonomous service providers and provides no direct services itself), or *directed* (I.e., where an integrating agency has the authority to mandate linkages among subordinate provider agencies) (Kagan and Neville, 1993).

[54] Space does not permit an extended discussion of the range of legal issues associated with the needed redesign of current confidentiality and privacy provisions which significantly impair integrated service planning, delivery and evaluation. The complexity of the issue, however, becomes evident from a brief review of the background of the problem. First, confidentiality requirements are derived from a wide variety of legal sources, including constitutional provisions, Federal and state statutes and regulations, professional codes of ethics, and licensing requirements. Second, obtaining "informed consent" is currently the most common approach to satisfying confidentiality and privacy considerations within the context of service integration initiatives. Important legal questions have arisen, however, as to when parental consent is required and when the consent of a child would be sufficient. Other issues have arisen as to whether a single consent can be given to the sharing of confidential information across agencies (Soler and Peters, 1993; Hobbs, 1991)..

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[55] Other more traditional roles which lawyers continue to play within the context of service integration initiatives include the adjudication of disputes between agencies, and the investigation and resolution of complaints by families.

[56] Family and neighborhood members of local governance structures have been selected through approaches ranging from statistical sampling to direct election. In some situations, local political leaders, *lead agencies*, or community foundations have selected neighborhood participants. In other situations, representatives of "designated" neighborhood organizations have assumed *ex-officio* membership (Chaskin and Garg, 1995).

[57] The issue of *legitimacy and credibility* combines the notion of fair or adequate representation with its *auspice*, and necessarily involves the question of "for whom" individual family or neighborhood representatives are presumed to speak and with what authority (Chaskin and Garg, 1995).

[58] *Managed care* is an approach which has been developed to respond to the alleged overutilization of health care by families relying on employer-based health insurance. It is based on three key assumptions: (1) the dramatic increase in health care expenditures which we are expenencing does not result from either an increase in the number of people needing services but rather from the over-utilization of health care services (i.e., receiving services that are not medically necessary) and the increase in the unit cost of many of the unnecessary services (e.g., diagnostic testing); (2) normal market mechanisms, such as patient/client economic resources, closed-end budgets and competing fiscal priorities, do not work effectively to curb this over-utilization; and (3) an outside prudent purchaser is needed. In fact, there has been comparatively increase in health expenditures related to children's health services except among low birth-weight infants, and, if anything, there is a serious under-utilization of children's preventive health care services (e.g., pre-school immunization) rather than an over-utilization. In sum, none of these assumptions would appear to have any applicability to either children's health services or the current realities of most children's services.

[59] These child- and family-serving organizations generally include public or publicly-funded: (1) elementary and secondary school districts (and schools); (2) health and nutrition agencies; (3) community mental health agencies; (4) center-based child care providers; (5) early childhood education programs, and (6) social service and child welfare agencies. If the initiative includes adolescents, relevant organizations would also include: (6) recreation agencies; (7) school-to-work transition projects;(8) agencies responsible for substance abuse, pregnancy and delinquency prevention; (9) substance abuse treatment agencies, and (10) police departments and juvenile courts.

[60] Organizational theorists have identified three different types of interdependence among collaborating agencies. "Pooled" interdependence exists when agencies contribute to a common goal but do not have to directly interact for its achievement. Interdependence is referred to as "sequential," if agencies are dependent on one another to obtain output and input in a uni-directional or chained fashion. "Reciprocal" interdependence occurs where agencies are part of a network of continuing interaction, with the operations of each agency creating contingencies for other organizations (O'Toole and Mountjoy, 1984).

[61] The majority of child-serving organizations operate in an environment that is highly unstable: funding is volatile, caseloads are constantly in flux, client and staff turnover is often high, demands for services shift, and public pressure for accountability can be intense. In such a turbulent environment, strong incentives exist to participate in mechanisms that can reduce uncertainty in the those external factors critical to the life and work of the organization. Against this background, interagency agreements often represent an important mechanism for managing environmental uncertainty, particularly if they include provisions addressed to present and future interorganizational exchanges of scarce, important and transferable resources, e.g., money, clients, services and information. For example, coordinated case management systems have helped manage unpredictable service resource demands on child-serving agencies (Meyers, 1993). In addition, the service coordination process is likely

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to impose higher administrative costs, both initially and on a continuing basis, for participating child- and family-serving organizations. The potential added costs of service coordination can act as a significant organizational disincentive unless at least a small amount of special funding is dedicated to supporting core service coordination staff(Center for the Study of Social Policy, 1991).

[62] The understanding of these issues, in turn, requires at least some familiarity with: (1) bureaucratic-administrative contingency theories, which examine control structures and the management of work within organizations; (2) resource dependence theories, which analyze the dynamics of interdependent organizational networks; and (3) bureaucratic bargaining theories, which examine power and control relationships within complex organizations (Meyers, 1993).

[63] As is discussed earlier, categorical eligibility is almost always associated with the *labeling* of the "eligible" children and families. The labeling process frequently leads to lower expectations on the part of service professionals and even on the part of parents (Gerry and Paulsen, 1995).

[64] Even after interagency financing strategies have been implemented, lawyers must also participate sufficiently in the budgetary and allocation decisions of the coordinating service agencies to ensure that budget decisions are consistent with interagency service coordination agreements (Center for Social Policy, 1991)..

[65] A few local jurisdictions have moved to create special funds to under-write the costs of children services and family supports by redirecting a certain percentage of local sales tax dollars. For example, Austin/Travis County, Texas has recently adopted new property tax abatement guidelines through which a substantial percentage of property taxes paid by capital-intensive industries are redirected to a special fund dedicated to supporting the costs of intensive job-training for under- and unemployed residents of the county. Special training priority is given to the family members of school age children enrolled in schools with very high concentrations of *at-risk* children. The businesses contributing to the special fund are also eligible for increased tax abatements if they hire a significant number of new employees from special job-training program (Gerry and Levin, 1995).

[66] These decategorization approaches seem particularly suited to financing a coordinated network of children's services and family *supports*: *As state governments challenge communities to develop new service strategies, they can provide greater flexibility in available funding streams, thus giving localities the chance to develop a more coherent set of school-linked social, health and education services* (Center for the Study of Social Policy, 1991).

[67] For example, when over 90% of the families in a neighborhood are Medicaid eligible in a given month, the administrative cost of sorting out *the eligible* from *the ineligible* may well exceed the cost of simply declaring everyone eligible. In this instance, financing strategies can be crafted which permit program administration funds to be reprogrammed into direct services (Gerry and Paulsen, 1995).

[68] Maryland uses a *pooled funding* arrangement to finance the operation of an integrated program for out-of-state residential placements. In Iowa, two counties currently *pool* child welfare funding.

[69] Wisconsin and California currently use *blended funding* strategies to decategorize funding going to the county level. Indiana and West Virginia are currently operating under consolidated state plans, approved by the Federal government, which permit categorical grant funds to be *blended* at the local level.

[70] Medicaid funding can be used to refinance children's health services now paid for with state and local funds. These *released* state and local funds may then be reallocated to other areas of needed children's services and family supports. Using the optional provisions of the Medicaid *Early Periodic Screening, Diagnosis and Treatment* (EPSDT) program, new Medicaid funds can also be used to fund assessment and *case management* normally paid for from exclusively state and local funding sources (Gerry and Paulsen, 1995).

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[71] Nevertheless, although both statutory and regulatory efforts have been made to circumscribe state financial maneuvering in this area, Federal efforts to regulate state fund matching strategies have proven to be more effective psychologically than legally.

[72] "American legal education for much of the twentieth century has placed heavy stress on the distinction between law and morality ...law schools often unintentionally promoted the notion that morality was essentially arbitrary or unknowable; and that aw and morality were not only distinguishable, but entirely separate" (Glendon, 1993).

[73] Rawls argues that just (in the sense of "faimess") social policy is properly developed by a policy maker in a state of "reflective equilibrium", in which the policy maker would fully understand the dimensions of the overall situation but would not know anything about her or his personal characteristics. Rawls argues further, that a rational person in such a position would develop a set of social policies which would be seen as "fair" by the least favored individuals in society. Thus, in deciding what outcomes of social policy were "fair", the bottom limit on the outcomes for the least advantaged members of the society would in all probability be set at what is perceived as the "normal" outcomes for the more favored members of society (Rawls, 1971).

[74] At its heart, this notion of child and family autonomy stems from an Eighteenth Century ideal and, in reality, myth of self-sufficiency that inconsistent with the fundamental notions of civil society. But, as Mary Ann Glendon, points out the ideal cannot be dismissed as a harmless fantasy. By exalting autonomy to the degree we do, we systematically slight the very young, the severely ill or disabled, the frail elderly, as well as those who care for them — and impair their own ability to be free and independent in so doing (Glendon, 1993).

[75] Youth development is an ongoing and interrelated process through which all young people seek to meet their physical, personal, and social needs and develop a set of skills and competencies for their present and future life. The five basic competency areas which define the skills needed by adolescents if they are to be successful in adult life are: (1) health/physical competence; (2) personal/social competence; (3) cognitive/creative competence; (4) vocational competence; and (5) citizenship (ethics and participation) (Pittman and Cahill, 1992).

[76] Service learning is the process through which social, citizenship and cognitive skills are built (Pittman and Cahill, 1992).

[77] Interestingly, when discussed in the context of more economically advantaged families this help is almost never described as "services." For example, all children need immunization and periodic health screening. For those with private insurance, thee services are usually described as "well-baby care," for those on Medicaid this is usually described as an EPSDT "service."

[78] While I believe that many of these arguments are overly -simplistic and, themselves, proceed from flawed premises, they are at least rational within their own terms and morally grounded. In contrast, the policy of punishing a small child (by denying access to needed services) because of prior acts of a parent is both irrational and immoral (Rawls, 1971).

[79] For example, most of the children who are currently without public or private health insurance coverage live in working class homes (Gerry, Fawcett and Richter, 1996).

[80] Poor women are more likely than non-poor women to deliver low birth weight babies and the three times as likely as non-poor women to obtain prenatal care late in their pregnancies or not at all. Low birth weight is a major determinant of later health and developmental problems (National Center for Children in Poverty, 1990).

[81] Recent estimates of the number of children who experience hunger range from 2 million to 5.5 million. Today, poor children under the age of six are more likely than other children to exhibit signs of poor nutrition, such as growth retardation and anemia (National Commission on Children, 1991; National Center for Children in Poverty, 1990).

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[82] For example, in 1979 the Surgeon General set the goal of immunizing 90% of two-year-olds against common childhood diseases by 1990. Yet in 1990 only about 70% percent were immunized against measles, mumps and rubella. In many inner cities only about half of these young children were protected (National Commission on Children, 1991).

[83] Reports of child abuse and neglect rose 259% between 1976 and 1989, and more than 50% of all out-of-home placements today are for children who need protection from adults in their own homes (National Commission on Children, 1991).

[84] Poor children under six make significantly fewer physician visits on an annual basis than do children who are not poor, and are much less likely to receive continuous pediatric care form a physician who knows their medical history, family situation and special needs (National Commission on Children, 1991).

[85] One in four adolescents, approximately 7 million between the ages of 10 and 17, engages in social behaviors that can lead to serious, long-term problems, including premature sexual activity, drug and alcohol use, and delinquent behavior. An estimated 91,646 children currently are detained in public and private juvenile justice facilities. Every year, approximately 1 million teenage girls become pregnant; nearly half of them give birth. Approximately half of these births are to young women who have not yet reached their eighteenth birthday. Approximately half of these births are to young women who have not yet reached their eighteenth birthday, and most of them occur outside of marriage. Teenage mothers, especially those who have children before they turn 18, often fail to finish school, and they fare badly in the job market. They are less likely to marry, and when they do, they are more likely to become separated or divorced. For these reasons they are more likely than girls who delay childbearing to be poor and dependent on welfare. More than half of all young people report that they have tried an illicit drug by the time they complete high school, and rates of crack cocaine use remain disturbingly high among some youths. Young people who abuse drugs are very likely to drop out of school, to engage in premature and unprotected sexual activity, and to commit crimes. They are at very high risk of contractually sexually transmitted diseases, including AIDS, of experiencing accidents and injuries, and of ending up in jail (National Commission on Children, 1991).

[86] Olasky and Murray both argue that a primary factor contribution to the rapid growth of internally deficient children and families was the growth of single-parent families among the urban poor. The children within these families are seen as "emotionally impovershed" because of the absence of the love and discipline which could be provided by a father. Within these families, they argue, the ideas of work and family were devalued (Olasky, 1992; Murray, 1984). One major problem with this highly ideological argument is that it fails to account for what was happening in working, middle and upper-middle class families during the same period — divorce. Indeed, over a period of three decades the number of children in divorce-created single-parent families greatly exceeded the number of children in never-married single parent families (Statistical Abstract, 1994). If the central reasons for poor child outcomes were internal deficiencies and the central reasons for internal deficiencies of children and families stemmed from the rise of single-parent families, then development, learning and wellness outcomes for poor children should have improved over this period in comparison to middle class children. That, of course, did not happen.

[87] The other visions described by McKnight are (2) an advocacy vision (i.e., helpers protect the individual from a hostile community); and (2) a community vision, i.e., the community provides the basic context or environment for positive development, learning and wellness (McKnight, 1995; Gerry, Fawcett and Richter, 1996).

[88] The only community-based infrastructure of children's services in most American communities are public elementary and secondary schools. Although not exclusively focused on children, public libraries are another universal child health and wellness resource.

[89] There has actually been a slight decline in the representation of pediatricians (6.4% in 1981 and 6.2% in 1986) among medical school graduates and Health Professions Shortage Area designations actually increased from 4104 in

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1988 over 4200 in 1990. The proportion of medical school seniors planning to become board certified in general pediatrics has actually declined, from 8.8% to 6.4%., between 1985 and 1990 (Politzer, *et al.*, 1991).

[90] This participation rate compares very unfavorably with most countries in Western Europe. The formal pre-school participation rate in Italy, for example, exceeds 95% for 3 and 4 year-olds (GAO, 1993).

[91] For purposes of these estimates, children enrolled in organized child care facilities or receiving early care from a non-relative are regarded as receiving early care and education services. Children receiving care from relatives are not included in these estimates.

[92] In other words, while the focus of the "informing" may vary (e.g., from academic instruction to personal hygiene to greater self-realization), the actual talents needed to be a successful teacher, pediatrician, social worker, parent or psychologist are remarkably similar (Gerry, 1993).

[93] Osborne and Gaebler have described this approach in terms of reinvention of government as "decentralized government," where neighborhood- or site-based professionals and administrators are given the authority to make key decisions now made by centralized bureaucracies (Osborne and Gaebler, 1992).

[94] In many West European countries (e.g., Italy, Denmark) multi-year involvement of service professionals with the same child and family is the rule rather than the exception. For example, in Italy, early childhood professionals work with elementary school teachers for several years after the child enters the elementary school. Often, a teacher in the child's new elementary school has participated in monthly, pre-school staffings related to the child (and with the child's parents) for one or two years prior to the child's entry into elementary school (Gerry, 1988).

[95] For example, child or family needs could be seen as a condition, a desire, a right, an obligation of another, an illusion, or an unresolvable problem (McKnight, 1995).

[96] The prerogative of the professional to define the problem removes the citizen as problem-definer, much less problem-solver. It translates political functions into technical and technological problems (McKnight, 1995).

[97] As used in this discussion, empowerment refers to the process of extending the influence of families and communities over the conditions and outcomes that matter to them, including the health and wellness of their children (Gerry, Fawcett and Richter, 1996).

[98] For example, schools are often inflexible in scheduling the time and place of meetings, and the language used by school representatives is often jargon-loaded and difficult to understand. Unfortunately, for the latter reasons, parent involvement, when it does occur, is often *pro forma*.

[99] In a few Federal categorical programs, efforts have been made to involve families actively in service planning and delivery. For example, in the Title 1 program, parent advisory committees were first required to assist school districts in determining learning priorities and strategies. These requirements were then weakened and subsequently strengthened. The approach has sought the collective rather than individual involvement of parents of categorically eligible children and problems of selection and representativeness have undermined the effectiveness of the requirement. Under the IDEA, parents are expected to participate actively in the development of an individualized educational program for their child and in decisions made about the child's educational placement. While these provisions stem from the civil rights background of the statute rather than from a desire for family empowerment *per se*, the involvement which they seek is individual and child-specific. The principal problem with this approach has been the failure of large numbers of low-income parents of children with disabilities to participate and the concomitant failure of school districts to create a receptive climate for such participation. The most effective family empowerment component of a Federal categorical program has been pioneered by the Head Start program. The primary reason for this success has been the active involvement of families in

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virtually all aspects of program planning and operations and the hiring and training of large numbers of family members as program staff.

[100] MCKnight argues that the current deficiency-based approach is no more in the interests of the service than it is of the categorically served family. *"It is becoming more and more evident than rather than producing "services," service systems are creating sensitive but frustrated professionals, unable to understand why their love, care and service do not re-form society, much less help individuals to functions. .. Modernized societies need to determine how we can help these professionalized servicers while limiting their power to disable the capacities of citizens to perceive and deal with issues in political terms* (McKnight, 1995).

[101] By "community,"we mean the social place used by family, friends, neighbors, neighborhood associations, clubs, civic groups, local enterprises, churches and synagogues, local government, local unions and local media (McKnight, 1995).

[102] A serious erosion in traditional community networks of social and economic supports has occurred over the last three decades. Local tax bases have declined in both urban and rural areas. The human service infra-structure (e.g., school buildings, public and private housing and transportation systems) of many of our nation's cities has deteriorated. Violent crime has increased dramatically. These factors have certainly contributed to the inability (both in terms of inclination and capacity) of communities to engage in this type of proactive effort (Gerry, 1993; Gerry and Paulsen, 1995).

[103] For example, in a wellness-oriented community, all teens would be encouraged to be abstinent and sexually active teenagers would have ready access to safe and effective contraception. The use of safety devices, such as protective helmets and seat belts, would be actively promoted by parents and neighbors. Merchants would not sell alcohol and tobacco to minors. Streets, parks and homes would be safe and violence-free and teenagers would find jobs (Gerry, Fawcett and Richter, 1996).

[104] Neighborhood members of local governance structures have been selected through approaches ranging from statistical sampling to direct election. Some of these strategies have led to... processes of resident self-selection, and reliance on members of "embedded" neighborhood organizations to act as neighborhood representatives in addition to being representatives of their own institutional interests and perspectives (Chaskin and Garg, 1994).

[105] These persons would include youth, religious leaders, law enforcement officers, schools, neighborhood leaders, health care professionals, school principals and teachers, and employees and owners of community businesses (Gerry, Fawcett and Richter, 1996).

[106] Including substance abuse, teen pregnancy, delinquency, and violence.

[107] These channels might include community leaders and advisors, media and both formal and informal organizations. Some of these channels (e.g., businesses, churches, and public schools) may provide services which are **not** included directly as core system capacities and may yet be crucial to the operation of the overall community system.

[108] The combination of categorical public financing and employer-based private financing has left over 9 million American children without health insurance and millions more without an adequate primary care infra-structure. Similarly, the current financing structure for early care and education services (i.e., a combination of family out-of-pocket expenditures, business expenditures and categorical grant programs) puts developmentally appropriate early care and education services beyond the reach of millions of American families that need them (Gerry, 1996).

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[109] Such possible reinvestment strategies include: (1) supporting informal community-based primary services and youth development activities; (2) employing community residents as service providers and support staff; (3) purchasing child development and wellness related goods services from community-based businesses; (4) depositing system and institutional financial resources (e.g., advance budget payments) in community financial institutions; (5) contributing the skills of system staff to support community planning and action (e.g., assist the community in mapping its capacities, assets, skills and needs); and (6) donating facilities and space for community activities (McKnight, 1995).

[110] Within this trust fund, a reserve account might be created to protect against the unforeseen effects on a community system of adverse risk selection. While this process should be sufficiently flexible to protect comunity systems against predictable fluctuations, experience has shown that in many communities unexpected population shifts and changes in epidemiology and adolescent behavior patterns are likely. The reserve account would be used to make necessary adjustments to the global payment levels to compensate for these changes.

[111] A model might also be created for: (1) predicting the downstream impact on cost risks under current government entitlement programs associated with particular adverse child development and wellness outcomes (e.g., teen pregnancy, incarceration); (2) measuring the effects of community system interventions in avoiding these cost risks; and (3) transferring funds from government general revenues to a trust fund equal to a percentage of the downstream costs which can be shown to have been avoided. Over time, as child outcomes improve and downstream costs are increasingly avoided, a larger and larger share of trust fund financing could be shifted to a savings-based approach (Gerry, Fawcett and Richter, 1996).

[112] All states, even those without state income taxes, collect payroll taxes of one kind or another.

[113] In addition, the use of a payroll tax base avoids the generational/political problem of taxing unearned as well as earned income. Under this approach, most senior citizens would be excused from bearing a significant share of the tax burden for the new network of child health and wellness systems (Gerry, 1996; Gerry, Fawcett and Richter, 1996).

[114] This potential opposition could be eliminated by showing that the proposed financing approach will actually reduce the overall cost to businesses because of the possibility for eliminating fringe benefit payments for employee dependent health care. For small businesses, the proposed approach would eliminate the major objections to mandatory health insurance because under a payroll tax approach, small businesses would pay the same rate for coverage as larger businesses and would be relieved of all administrative burden. The creation of an infrastructure of sick-child care is a very attractive feature for both large and small businesses (Gerry, Fawcett and Richter, 1996).

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